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This Heritage of Freedom

For us in Canada, the first day of July has a deep significance. The recurring anniversary of Dominion Day marks the birthday of our nation—"the true North, strong and free". Today we know that this heritage of liberty is in grave peril and that we are called upon to defend it with our lives.

In a quiet and orderly fashion, the nurses of Canada are taking the posts assigned to them. Some are already on active service in or near the area of conflict, and others are ready to move forward as needed. There has been, and there will be, no confusion and no publicity. Each nurse knows her allotted work and is prepared to do it. A disciplined group of competent women offers its unstinted devotion to the common cause.

Just what our task may involve is not yet clear, but that it is immeasurably more difficult and dangerous than it was during the last War is already apparent. The appalling speed with which unforeseen and critical military situations succeed one another is ample evidence that initiative, resourcefulness, and flexibility are absolutely essential.

This statement applies not only to military nursing service, but to the nursing care of civilians as well. The evacuation of several thickly populated countries, which is now in progress, will create problems in public health and child welfare that will tax our resources to the limit. The possibility of epidemic disease must also be faced, and plans should be made to grapple with it well in advance.

At first sight, such a prospect might well undermine the courage of the most valiant heart, but we in Canada are near enough to our rough pioneering days to remember that hardship and suffering may serve as a wholesome spur

His Majesty
King George VI

Photo by
Dorothy Wilding

George R.I.

toward achievement. Good work can be done with simple equipment if it is planned along the right lines and if competent leadership is assured. It is reassuring to remember that in every Province in Canada, as well as in the Dominion as a whole, nurses are so organized as to make their services readily available. To begin with, there are the nursing staffs in our hospitals, large and small. The provincial and municipal public health nursing groups stand ready to serve. The Victorian Order of Nurses, the Metropolitan Nursing Service, the St. Elizabeth Visiting Nurses Association, all offer skilled care in the homes of our people. When the need arises, private duty nurses may be counted upon to assume whatever responsibilities seem indicated in the circumstances.

Before these lines appear in print the Canadian Nurses Association will have held its general meeting in Calgary, and the Provinces will have taken counsel with one another. It is in adversity that the flame of our national spirit burns the brightest, and there will be no wavering or shadow of turning.

Now, as never before, we of the British Commonwealth of Nations need to hold fast to one another. The sym-

HER MAJESTY
QUEEN ELIZABETH

*Photo by
Dorothy Wilding*

Elizabeth R

bol of our unity is the Crown, and in witness of unshaken loyalty and devotion the President of the Canadian Nurses Association, Grace M. Fairley, has presented to the Association two fine portraits of Their Majesties, which bear their autographs. These have been very beautifully framed and hang side by side in the National Office in Montreal. Unfortunately the accompanying black and white reproductions cannot do full justice to the life-size originals, which are finished in delicate sepia tones.

Through the kind offices of the late Lord Tweedsmuir, and the Canadian High Commissioner, the Hon. Vincent Massey, Miss Fairley obtained these photographs during her visit to England last July. Her generosity and thoughtfulness in presenting them to the Canadian Nurses Association will be sincerely appreciated by its whole membership.

Although we Canadian nurses have distinct and vigorous characteristics of our own, our roots go deep into the rich soil of British tradition. The simplicity, the thoroughness, the devotion of the nurses in the Old Country are a continuing inspiration to us. This is the shining armour with which we may clothe ourselves in the day of battle.

Lumbar Anaesthesia in Obstetrics

R. J. Fraser, M.D.

By lumbar anaesthesia is meant the introduction of an anaesthetic drug within the theca, resulting in anaesthesia. It was used for the first time in obstetrics by Corning of New York in 1885, and from this fact we learn that it is not new. In gynaecology the use of lumbar anaesthesia is well known and appreciated. It is only one step to the field of obstetrics, the two being so closely related that it is hardly possible to understand why this type of anaesthesia is used so infrequently in the latter; yet it is a fact. With special reference to obstetrics, the names of Pitkin, Cosgrove, Hall, Glisson, Pithon, Cheval, Delmas, Dujol and others should be mentioned. If such men as these have found the method desirable in obstetrics, we may be safe in assuming that it should have a definite place in this special field. Our experience covers a twelve-year period of usage of this type of anaesthesia with no complications or fatalities, and we believe it is one of the safest types of anaesthesia employed in vaginal deliveries which terminate either spontaneously or assisted by forceps. To support this statement it would be proper to point out wherein lie the dangers and how to avoid them.

With high lumbar anaesthesia as used in upper abdominal surgery, we are confronted with certain potential dangers which are definitely not encountered in the low anaesthesia necessary and desirable in obstetrics. With high block anaesthesia there is the possibility of a vasomotor collapse or interference with either the cardiac or respiratory mechanisms. These three eventualities are discussed below.

The Vasomotor System: From the vasomotor centre in the floor of the fourth ventricle a constant stream of vasoconstrictor impulses passes down the spinal cord to emerge from the anterior or motor roots of the spinal nerves, from the level of the first or second thoracic to the second or third lumbar. These impulses supply all the blood vessels of the body. Lumbar anaesthesia acts upon this system from below upwards. Below the third lumbar nerves, there can be no effect upon the blood pressure. There is no fall, therefore, in sacral anaesthesia. As motor block advances to higher levels, more and more of the white rami are blocked, until at the first thoracic segment all have been paralyzed and every blood vessel in the body has lost its tone. A fall in blood pressure, roughly proportional to the number of white rami affected, is inevitable. Since lumbar anaesthesia in normal or vaginal delivery is limited to the sacral roots, we never have a fall in blood pressure; on the other hand, should this type of anaesthesia be employed in abdominal section for delivery, it is important that the blood pressure be recorded and suitable means taken to maintain its level. Interference with cardiac and respiratory functions also plays a part in the fall of blood pressure.

The Cardiac System: Under normal conditions the rate and force of the heart beat is regulated by two opposing nerve influences; one depressing, the other accelerating, cardiac activity. The first of these is represented by the vagi nerves which arise in the midbrain and are distributed to the heart; their function is to slow the beat and lessen its amplitude. The vagi are never blocked by lumbar anaesthesia. The second influence is represented by three or more cardiac accelerator or aurmentor nerves. Unlike the vagi, these are frequently affected by high lumbar anaesthesia. The reason is that these nerves pass out from the first four or five thoracic segments. Motor block to the fifth thoracic nerves cuts off many of these impulses, and all are cut off when the first thoracic is reached. The resulting interference with cardiac efficiency results in a further fall in blood pressure. Again these opposing nerve influences are not affected in normal or vaginal delivery with the use of lumbar anaesthesia, at the same time they may be affected in abdominal section if the height of anaesthesia is allowed to attain a high level.

The Respiratory System: Intermittent impulses from a bilateral centre in the floor of the fourth ventricle initiate respiration. These impulses flow down the cord to emerge at two levels, thoracic and cervical. The intercostal nerves represent the thoracic outflow; they supply the respiratory muscles of the thorax. The phrenic nerves arise in the neck from the third, fourth and fifth cervical nerves and innervate the diaphragm. The respiratory mechanism when involved by spinal anaesthesia is paralyzed from below upwards. There is no respiratory impairment until the anaesthetic blocks the lowest thoracic nerves. From this point upward there is progressive anaesthesia until at the first thoracic level the entire chest wall is blocked, and respiration is carried on by the diaphragm alone. The patient is dyspnoeic, but still has sufficient respiratory exchange to maintain life. Should the anaesthetic advance, until it blocks the roots of the phrenics, respiration ceases, and life can be sustained only by efficient two-way artificial respiration, which must be continued until the block wears off.

We shall now again sum up these three dangers in their proper relations to lumbar anaesthesia as practiced in normal or vaginal delivery. If the anaesthetic is properly given, that is proper technique employed, there are absolutely no dangers encountered. This fact cannot be over emphasized. On the other hand if lumbar anaesthesia is employed in abdominal section there is a possibility of some of the dangers being encountered, depending again upon the operator's use of the technique or lack of proper technique. We, in our twelve years experience with this type of anaesthesia in obstetrics (including manipulative, forceps and normal deliveries, also abdominal section) have had no complications or fatalities, and are of the firm opinion that it is one of the safest types of anaesthesia to be employed in vaginal deliveries which either terminate spontaneously or are assisted by forceps.

Now that the danger factors have been stressed, let us consider methods of avoiding them. Of first importance would appear to be the selection of patients. Only those with good cardiac reserve should be considered for mid or upper abdominal work, but myocardial damage is no contraindication in vaginal delivery. On such patients we believe it is associated with less danger than any other form of anaesthesia, and for these cases we use a hyperbaric, or an isobaric solution, with its proper technique. Of second importance would be the selection of the dosage of the drug to be employed; and the rule here is minimum dosage always. The next important consideration would be the control of the level of the drug in the cerebrospinal fluid by any recognized method; of these, three will be mentioned. They are, first, the site of puncture or optimum interspace injection; second, volume control including barbotage; and third, gravity control.

All the solutions for lumbar anaesthesia may be divided into three classes; these are *hyperbaric* or solutions with a specific gravity greater than that of spinal fluid; these have a tendency to flow to the dependent parts of the spinal canal. The second are *isobaric* solutions which have the same specific gravity as spinal fluid, and are not influenced to any extent by gravitation. The third are *hypobaric* solutions, with a specific gravity less than that of spinal fluid, and these have a tendency to rise. All technique is based on the above three facts, together with the fact that anaesthetic drugs of the cocaine group have a selective affinity for nerve tissue. It is therefore necessary to know the baricity of the drug in solution, to be able to attain and maintain the desired level of anaesthesia, and at the same time, especially in high anaesthesia as used in abdominal section, to maintain a definite dilution of the drug in order that motor function is not encroached upon to such an extent that metabolic disaster may befall the patient. If this can be done, and it can by proper technique, the result will be a safe lumbar anaesthetic, devoid of danger to the mother or the child.

The methods of using and controlling hyperbaric, isobaric and hypobaric solutions in obstetrical lumbar anaesthesia will be outlined, together with volume control.

The use of hyperbaric solutions is as follows:- the injection may be made either in the sitting or lateral decubitus position; the position after the injection with minimum dosage may be horizontal. When larger doses are used, as in abdominal section, the Fowler position should be employed. An example of this type of solution is novocaine or neocaine crystals dissolved in spinal fluid and re-injected into the subarachnoid space. The dosage in vaginal delivery is 50 to 100 mgs. and for abdominal delivery 100 to 150 mgs. With this type of solution the level of the anaesthesia can be controlled by interspace injection, barbotage or gravity control, or a combination of these. The 50 mg. dose is dissolved in 2 cc's. of spinal fluid, while the 100 to 150 mg. dose is dissolved in 3 cc's. and 4 cc's. of spinal fluid respectively. With the larger dosage the head and shoulders should be elevated on a pillow. The Trendelenburg position is used only to attain the desired level of anaesthesia, then the table should be levelled off or Fowler's position used, depending upon the dosage of the anaesthetic and the level of the anaesthesia that is desired. The safety factors in this technique are the minimum dose of the drug, together with gravity safety control.

The use of an isobaric solution is as follows:- the injection is made either in the sitting or lateral decubitus position; the position after the injection is immaterial, since an isobaric solution is not influenced to any extent by gravity, the height of anaesthesia cannot be changed by posture and the desired level is attained by interspace injection, dose used, or by barbotage. An example of this type of solution is Pontocain, which, when mixed with an equal volume of spinal fluid, is considered to be isobaric. The dosage for vaginal delivery is 8 to 12 mgs. or 1 cc. diluted with an equal volume of spinal fluid. The injection is made between the fourth and fifth lumbar vertebrae.

The use of a hypobaric solution is as follows:- the injection must be made in the lateral decubitus position always. It has been our practice to keep the head slightly lower than the hips when the injection is being done. After the injection, the patient is placed on her back, with the table level. After the desired level of anaesthesia is reached, the use of the Trendelenburg position is employed. Example of this type of anaesthetic solutions are Spinocaine and Anaestesol; the dose for vaginal delivery being one cc. of either solution mixed with one cc. of spinal fluid. For abdominal delivery the dosage is increased and mixed with larger quantities of spinal fluid.

With volume control another hypobaric solution is used; viz., Nupercaine 1:1500 dilution in buffered saline. This solution must be injected with the patient in the lateral decubitus position and the injection is usually made between the fourth and fifth lumbar vertebrae, without withdrawal of spinal fluid or barbotage. After the injection, the patient remains in that position for five minutes, then in the opposite lateral decubitus position for five minutes before being placed on her back with slight Trendelenburg position for delivery. The dose for vaginal delivery is 6 to 8 cc's. Higher dosage will have to be used for abdominal work; for this, 10 to 12 cc's. will usually be found sufficient.

With volume control for those who use novocaine or neocaine crystals, the following technique will be found to be very useful and safe. It is recommended for abdominal section. The puncture is made at the second or third lumbar vertebra with the patient on the side. After the injection, the patient is placed in the dorsal decubitus position with the table level and the patient's head and shoulders raised; or in the intermediate Trendelenburg position. The maximum dose is 150 mgs. of the crystals dissolved in one or two cc's. of spinal fluid and expanded by barbotage always to 8 cc's. This is a safe and rational procedure. Barbotage is performed in order to produce a definite dilution. The safety factors in this technique are the minimum dose together with dilution.

All injection for vaginal delivery will be found satisfactory in the fourth or fifth lumbar interspace; the injection to be made when the cervix is three-fourths to fully dilated.

There will result complete anaesthesia of the cervix, vagina, vulva, perineum, and anal region, together with good relaxation of these parts. The relaxation is favorable to less tears and fewer episiotomies. Thorough examination of the patient becomes possible and the application of forceps, when necessary, can be more accurately done. We believe that extraction is accomplished with less shock than with any other type of anaesthesia, due to the fact that impulses are cut off during anaesthesia, and cannot be registered at the higher nerve centres. Uterine contractions are lessened to some extent, but these can be safely controlled by the administration of pituitrin when required. After delivery, the patient is transported back to her room in a position depending upon the baricity of the drug used, or the Trendelenburg position. This position is to be maintained until the effects of the anaesthetic have worn off, then flat for one hour and then any desired position may be used. Fluids may be taken during and after delivery, and meals may be given normally, unless there is some other reason for witholding them.

With the use of this type of anaesthesia in obstetrics I have had no difficulties and no anxieties; in fact the delivery has been made easier both for the patient, the accoucheur and myself. We do not take the blood pressure in normal or forceps delivery. If, however, this type of anaesthesia is used in abdominal section, it is well to carefully supervise the patient; the blood pressure should be recorded frequently during the operation and, if necessary, suitable measures taken to maintain its level. For this, ephedrin and small doses of adrenalin as required will be found useful.

We are of the firm opinion that the

best results will be attained for the patient in obstetrics if this type of anaesthesia is employed in certain cases, namely those patients suffering from respiratory infections, both acute and chronic, the toxemias of pregnancy, or those with myocardial damage or diabetes. We use it routinely with primiparae in normal, unassisted or forceps deliveries, and do not hesitate in giving a second lumbar injection if necessary, that is to allow the patient to deliver herself if possible, rather than risk injury by forceps delivery to the mother or baby.

This paper, so far, has had to deal with the patient and the physician in charge; but, important as it is, other details, equally as important, are required of the nurse. It will now be our intention to point out where they are, and can be particularly useful. It will be proper to divide these into three headings; viz., before the delivery, during delivery, and after delivery.

Before the patient arrives at the operating or labor room, the nurse in charge should see that the blood pressure has been taken and that the preliminary medication has been given. This is very important in order that the patient may have little, or no, apprehension of the operating or labor room. Also, the nurse will be of invaluable assistance if she reassures the patient that all will be well. Upon arrival at the operating room, the nurse should also note if hypertensive drugs are ordered and if so, they should then be given. This, of course, is very important, especially in abdominal section. Just prior to the administration of the anaesthetic, it is the nurse's duty to see that the patient is in the proper position for lumbar puncture. This one act alone is of the utmost importance as it makes the puncture either very easy or very difficult. A nurse who can get the patient in the proper position and maintain that position for the physician has done a very great service both to the patient and the doctor. This one act alone cannot be stressed too strongly.

During the patient's stay in the operating or labor room, a nurse should be in constant attendance. Very often there is little to do, but in any event it is very comforting to the patient, and after all, she is the one most to be considered. The application of cold compresses to the head and moisture to the lips are often very comforting. She should have the patient breathe deeply about every two minutes during the first half hour of anaesthesia. This furnishes information that is very valuable, especially in abdominal section; if there is good respiratory excursion, regardless of the blood pressure reading, motor fibres have not been blocked to such an extent that any metabolic disaster will befall the patient. The nurse is also responsible for the quick execution of a request for any necessary hypertensive or analeptic drugs, such as ephedrin and adrenalin, intravenous glucose, or oxygen, or carbogen. She may at times be required to take the blood pressure and report any fall to the surgeon in charge. We must remember that we are dealing with a conscious patient, and should make her comfortable and reassure her, and, above all, remember to strive to please.

The after-treatment of patients who have been operated upon under lumbar anaesthesia is essentially the same as that for those who have had general anaesthesia except in a few particulars. Care should be exercised in moving the patient from the operating room to her bed to avoid any abrupt changes in position. The patient should be transported back to her room in the last operating room position, level, or in the Trendelenburg posture. When the patient has been taken to her room, the foot of the bed should be elevated about one foot and remain in that position for one hour after the anaesthesia has worn off. This procedure is necessary with a hypobaric solution. With isobaric or hyperbaric solutions, the bed may be either raised as with hypobaric solution or remain flat. She should be kept warm by the use of hot water bags. These bags should be placed where they will not burn the patient, that is in an unanesthetized region, as, for example, the axillae. A retention enema of two quarts of warm water will be useful as an antishock measure. Water and food may be administered at once if desired by the patient and not contraindicated by the nature of the operation. Soft diet should be ordered for the first postoperative meal. There is no contraindication for the use of coffee or tobacco.

SUMMARY

1. Since lumbar anaesthesia has been developed to a point of safety and its technique is based upon anatomical and physiological principles, there appears to be no logical reason for withholding its use in obstetrics.
2. With low lumbar anaesthesia as practised in vaginal delivery, there is little, if any, encroachment upon the vasomotor, cardiac or respiratory systems, hence its safety.
3. There is no tendency to increased hemorrhage, and the babies are not affected by its use. There is less asphyxiation with lumbar anaesthesia than with any other type.
4. This type of anaesthesia is very useful in certain pathological conditions, such as respiratory infections, both acute and chronic, the toxemias of pregnancy, myocardial disease and diabetes. We use it routinely in primiparae.
5. After twelve years usage, with no complications or fatalities, we believe it is one of the safest types of anaesthesia to be employed in vaginal deliveries which terminate spontaneously or are assisted by forceps.
6. We depend a great deal upon the nurse for the well-being and comfort of the patient before, during, and after the delivery or operation.
7. A nurse who can put the patient in the proper position for the lumbar puncture and injection of the anaesthetic solution has rendered a major service.
8. She should also supervise the transportation of the patient from the operating room back to her bed in the last operating room position, flat, or in the Trendelenburg position. It is her duty to have the bed in the proper position depending upon the type of solution used.
9. After treatment of the patient the nurse's duty is to make her comfortable, restore body fluids and apply heat. Water and food are to be administered as desired by the patient if not contraindicated by the nature of the operation.
10. The nurse must be on the alert to make the patient comfortable, reassure her, and be able to obtain analeptic or restorative drugs on a moment's notice. Above all, we depend upon her technique for the sterility of the armamentarium, which is most important.

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The Use of Metrazol in Schizophrenia

L. Fair

Schizophrenia means a split, or "shut-in," personality in which there is failure to make contact with the realities of life. These patients retract into a state of mental seclusiveness and live in an imaginary world. They constitute approximately fifty per cent of the permanent population of the large mental hospitals.

In the majority of cases, the disorder appears between the ages of sixteen and twenty-five years and may be classified as follows:

Simple deterioration, with symptoms of apparent indifference and loss of interest.

Hebephrenic, which resembles the confusional state of toxic delirium.

Catatonic, which shows a marked loss of interest, negativistic, with increased muscular rigidity. The usual cycle ranges from normal to excitement, to depression, to stupor, to excitement, and finally to normal.

Paranoid, having a delusional trend, beginning with persecutory delusions and finally reaching the end stage of delusions in the form of exaltation.

In 1935, Ladislaus von Meduna, of the Royal Hungarian State Insane Asylum, first considered convulsive therapy for schizophrenia because the favourable effect of a spontaneous convulsion observed in schizophrenics led him to the following hypothesis:

> Between schizophrenia and epilepsy there exists a biologic antagonism which manifests itself in the pathophysiological course of both illnesses. Without being able as yet to identify these processes definitely, the assertion is permitted *a priori*.

Meduna then sought a harmless and reliable method for provoking an epileptic convulsion. He found it in Metrazol or Cardiazol, a circulatory medication of which the point of attack is chiefly the medulla oblongata. By giving a sufficient amount of Metrazol, a convulsion which clinically gives a true picture of a idiopathic epileptic seizure can be effected. Following the seizure, the importance of exerting an influence upon the patient in the psychic field was stressed by Meduna. The psychiatrist attempts to give insight to the patient and to direct him in his "half-awake" confused state.

Metrazol is a crystalline powder, soluble in water, quickly absorbed and eliminated. The composition of this drug is not affected by sterilization, and decomposition only occurs after heating above 250° Centigrade for several hours in an acid solution. Metrazol is purchased through the Ontario Provincial Government, in 25 dram bottles. The ten per cent solution is made by filtering 96 grains of the crystalline powder into a two-ounce bottle with freshly distilled water, stoppered with a rubber stopper, and rendered sterile by autoclaving. This drug is given intravenously in a ten per cent dilution to initiate a convulsion or seizure.

At the Ontario Hospital in Whitby, a full-time psychiatrist is responsible for the Metrazol clinic, which is held four mornings a week. The more hopeful type of patient to be treated is the one who has been ill less than six months. The general opinion is that the longer the illness the less likely he is to respond to treatment. At a staff conference the case is diagnosed and the use of Metrazol is discussed. Catatonic and hebephrenic types of schizophrenia respond better to Metrazol than the paranoid type. Permission is obtained from the patient's nearest relatives who are informed of possible complications. A thorough physical examination is given and particular attention is paid to the heart and blood vessels. Extensive laboratory tests are made, and an X-ray of the spinal column is taken to determine whether there may be any deformity or compression fracture of the body of the vertebrae not complained of by the patient previously. As a contra-indication for the treatment we regard the presence of cardiovascular or pulmonary disease, acute or chronic infectious disease, and organic changes in the central nervous system.

A corridor with eight single rooms and an adjoining surgery is used for the clinic. The equipment needed for the administration of Metrazol is assembled in the surgery on trays and includes the following items:

On the sterile trays are several 10 c.c. syringes, filled with ten per cent Metrazol solution. These are arranged on the tray with 21 gauge needles attached, protected with sterile fluffs saturated in 95 per cent pure alcohol. Adrenalin, in a 2 c.c. syringe filled to 15 minims, is also provided so that it may be ready for immediate use if indicated.

On the unsterile side of the tray are placed ethyl chloride and a mask which may be used to terminate the excited period if the patient should become very excited rather than have a normal convulsion. Sodium luminal is also kept on hand for intramuscular use in case status epilepticus develops. Mouth gags are made from absorbent cotton, rolled tightly and bandaged in place; these are about half an inch in diameter and are long enough to extend on either side of the jaw. These are kept in a paper bag with wipes. A container of sterile fluffs in alcohol, a tourniquet, and a discard paper bag are also provided.

At noon of the day preceding the treatment the patient is given a mild laxative. Sedatives are usually contraindicated, although in some cases it may be necessary to administer them. No breakfast is given on the morning of the treatment as there is danger of asphyxiation when the patient lapses in unconsciousness if the stomach is full and food is regurgitated.

The bed is made as an ordinary bed, except that the head is where the foot of the mattress should be. The spring of the bed is limited by placing a flat board two feet wide on the frame of the bed. The patient is put to bed in a nightgown with no restriction about the neck and arms. She is placed in the dorsal position with special attention to the spine—that it is absolutely straight and the hips are parallel. The legs should be straight and close together; the arms straight and close to the sides. The head should be straight in line with the rest of the body. A rubber-covered pillow is placed under the small of the back to prevent compression fracture of the spinal vertebrae.

A nurse stands at the head of the patient, with mouth wipes and the mouth gag in readiness. Four other nurses are required. A nurse stands at each shoulder, to make pressure downward and inward on the shoulder joint, so as to prevent dislocation and control the upper part of the body, thus preventing compression fracture of the thoracic vertebrae. Each nurse places the palm of one hand firmly on the head of the shoulder, and the other on the wrist; this grip allows slight movement at the wrist within a range of six to eight inches. The other two nurses make pressure downward and inward on the hip joints with the free hand controlling the leg and allowing movement within a range of about eight to twelve inches.

The technique of administration is very simple and consists in a rapid intravenous injection of ten percent Metrazol solution; 4 c.c. is the usual starting dose for female patients, and 5 c.c. for male patients. The rapidity of the injection is of extreme importance in the provocation of a convulsion and the optimum results are obtained by injecting 1 c.c. in one second. Apparently the determining factor is the momentary concentration in the blood, not the absolute amount of the drug. In cases in which we succeed in provoking a convulsion, the same dose is used at each following treatment until the patient fails to have a seizure. In cases of failure to provoke a convulsion, a repeated dose, increased by 1 c.c., is given after waiting one and a half to two minutes.

Concerning the motor pattern of the metrazol paroxysm very valuable clinical observations were made. The slightest reaction to the injection is an aura, which may be the only manifestation or the forerunner of the convulsive phase. The aura is dominated by subjective symptoms of a sensory nature. Some patients describe their sensations as being unable to think, or complain of some kind of "funny feeling" in their head. Others see sparks or stars before their eyes, or have a floating feeling. The major convulsion is usually preceded by a short cough, at which time the patient may become fearful of being choked. In from three to ten seconds the eyes become fixed, or there may be a flicker of the eyelids at which time the patient may yawn; the nurse at the head of the patient then places the mouth gag between the patient's teeth and closes the jaws firmly in position to prevent dislocation of the jaw. Following the yawn, there is a clonic convulsion, first apparent in the facial expression and spreading rapidly over the entire body. This lasts from three to ten seconds, followed by a tonic phase with a duration of five to thirty seconds, followed by a clonic phase. The whole seizure lasts from thirty to seventy seconds. Shortly before the end of the seizure the patient shows marked cyanosis and there is a short period of apnoea during which her condition appears to be critical, but this is soon followed by a deep inspiration and then by stertorous breathing. After the seizure she either falls asleep or shows a confusional state of variable duration. Patients remain in bed for at least two hours and are very closely watched for any complication that may arise.

The psycho-therapeutic factor, during and after the Metrazol treatment, plays an important role. Two hours after the treatment, and at arranged hours on non-treatment days, a physician who has specialized in psychiatry visits each patient and practices psycho-therapy extensively by instituting encouragement, explanation, and ventilation of the patient's difficulties. Re-education is carried on by constructive criticism of the patient's behaviour.

We aim to keep the patient interested in useful arts and in his or her environment. We have many recreational facilities, such as occupational therapy, bowling alleys, billiards, badminton courts, golf and tennis in the summer, as well as all types of games such as baseball. Group psychotherapy is also practiced; each Wednesday morning a half-hour is devoted to a sing-song, and about five minutes is given to a "pep" talk on how to get well given by one of the staff physicians. It is frequently striking to observe how the patients gain more and more insight into their condition and how they begin to show more interest in their surroundings. They realize that the treatment is of benefit to them and appreciate the efforts of the physician.

A definite programme is mapped out for each group. The patients chosen for Metrazol treatment are segregated, the female patients in one cottage, and the male patients in another. A male nurse has full responsibility for the men. Each morning they are taken for a walk when the routine work is finished, and every afternoon they are taken to the recreational building where they bowl, play billiards and take part in other forms of activity. The female patients also have a definite programme, which includes walks, learning to weave, knit, and make flowers. The beauty parlour seems to make them take an interest in their personal appearance and helps in the improvement of their mental health.

Although we are not yet able to report very representative figures concerning the results of the treatment, we are convinced of its effectiveness. It is simple, inexpensive, and relatively without danger. By further intensive clinical and experimental work much light will be thrown not only on this treatment but inevitably on the structure of schizophrenia, thus contributing to a greater knowledge of the entire problem.

Economic Security for Nurses

E. M. Buckbee

Although the following report is submitted by the Committee on Economic Security of the Registered Nurses Association of Ontario, it was actually prepared by a study group in Hamilton and therefore cannot be said to be representative of the nurses of the Province as a whole. Other groups within our Association may have been exploring this subject as a result of their own interest, and if this is true, we would be glad to receive the benefit of their advice.

In 1939, the report given by this Committee at the provincial annual meeting included the following findings:

Nurses in government employment are protected by contributory state insurance.

Nurses working for industrial companies are usually protected through a contributory company insurance plan.

Public health nurses in the larger civic centres have been included in preliminary surveys with reference to insurance plans for civic bodies, but to our knowledge none of these have yet materialized.

One large organization has protection for its staff and field nurses in the form of a contributory annuity plan.

That there is little likelihood of provision for private duty nurses, as it is impossible to get reputable companies to enter into group contracts with organizations which are made up of individuals who have not regular employers. The reason given is, that from past experience, they have proved too costly to undertake.

That in the opinion of this Committee, it would be unwise for a nursing group to initiate an insurance plan of their own if insurance companies (who are obviously in the business to make money) do not consider it a safe project. In the first place, it would require a large foundation fund, and in the second place, we would have to face the uncertainty of employment in the large group of private duty nurses.

Another interesting finding was that Canadian nurses are eligible for annuities and benefits under the Harmon

Foundation Fund at the same rates as American nurses. This is, of course, now qualified by fluctuating rates of exchange and upon the advice of the manager of one of the largest insurance companies operating on both sides of the international boundary, we made a comparison of the rates and found that the Harmon Foundation rates were 28 percent higher than our own Canadian Government Annuity rates. These are most elastic, and are suited to individual needs. The chief objection raised was that if cash was needed, it would not be available. This is partially answered by the fact that an individual may stop her payments at any time and, in the event of need, begin her annuity at any age. Also, the fact that making a deposit on a government annuity protects the individual from an advance in rate, is valuable information.

In the event of death before the annuity begins, the money deposited (plus interest at 4 percent) is paid to the estate, and for an additional amount, the annuity is guaranteed over a period of years to the estate. We have reason to believe that since our last annual meeting, there has been a marked increase of interest in this particular form of investment. The superintendent of the Annuities Branch at Ottawa informs us that 130 members of the nursing profession have this year taken advantage of the Government Annuities system. Any nurse who has dependents will also wish to have the protection which a satisfactory life insurance in any of the larger companies affords, as well as a sick benefit if she is not already protected against periods of ill health. This may be secured as an addition to an insurance policy and a waiver clause, allowing the discontinuance of payments when necessary through illness at a comparatively low increased rate, is particularly helpful. Some of the larger schools of nursing have sickness benefit provisions.

It would appear that in order to suit all situations, many of us should not put all our eggs in one basket, even if it is considered a safe one. Each nurse should make it her business to study investments and consult with neutral authorities who can advise according to her needs. We strongly advise having speakers on investments at our District meetings, preferably a broad-minded bank manager, or the manager of one of the larger trust companies, as men of wide experience and with no particular axe to grind.

Nurses recently graduated have frequently complained that they are beset by insurance agents. This might prove to be a calamity if the nurse has not had previous knowledge of investments and of fitting her needs to the different types of insurance — protective, sick benefit, pensions and annuities. To overcome this, we advise that time be given during the final year, to a study of investments. We have recently read some entertaining and instructive booklets which, in a palatable form, instil in the readers the principles of sound personal financing. We refer to the "Babylon Course in Financial Success" by George S. Clason, sponsored by the Institution of Financial Education of Toronto, and printed by the Ryerson Press. This study, to which should be added a talk by a well informed financial expert, should go a long way toward equipping a nurse before she becomes a prey to unprofitable investment schemes.

We suggest that before the next annual meeting of the Registered Nurses Association of Ontario a check-up be made by the chairmen of District Associations in order to find out what progress has been made along the lines given above. Finally, we are still of the opinion that under existing circumstances, the different types of savings for nurses are best procured on an individual basis.

Building for the Future

University Schools of Nursing in Canada came into being as an indirect result of the first Great War. It is significant at this time to recall that Miss Grace Fairley, now president of the Canadian Nurses Association, with Miss Mabel Hersey, initiated the discussion as to possibilities of establishing a school at McGill University in the spring of 1918. It was not until the summer of 1920, however, that the plan took concrete form. Since that day, four hundred and sixty-seven nurses have graduated from the School.

In the shadow of a greater war, the twentieth graduating class of the School for Graduate Nurses received certificates at the recent University Convocation. Representatives from seven of the nine Provinces made up this year's class of thirty-two students: three received certificates in Administration in Hospitals and Schools of Nursing; nine in Teaching and Supervision; twenty in Public Health Nursing. Very shortly these most recent graduates will be found in posts as far apart as Burnaby on the Pacific Coast and Cartwright in Labrador.

Twenty years have brought many changes in the programme of the School, but the purpose remains the same, namely, "to meet the need for specialized training for nurses taking up public health work or holding teaching and administrative positions in hospitals and schools of nursing." It is impossible to foresee the demands which may be made upon the nurses of this country before victory is won. One fact is very clear, and that is the importance of maintaining an adequate supply of carefully selected, well qualified, straight thinking and courageous women for nursing service at home or abroad. The nurses of Canada are ready and waiting to serve their country wherever and whenever they may be called upon to do so.

In order to face the days ahead with confidence, provision must be made to ensure a continuing supply of trained minds and hands as well as courageous hearts to safeguard and promote the future of nursing. Canada must see to it that in meeting emergency needs, nothing is permitted to interfere with the contribution the University School of Nursing can and must make in preparing nurses to lessen the devastating effects of war and to play their part in the reconstruction which must follow.

Nursing Service in Ontario

At the annual meeting of the Registered Nurses Association of Ontario a most valuable report was presented by the Committee on the Distribution of Nursing Service. This committee was set up by the board of directors, following the annual meeting of the R.N.A.O. in 1934. It was known as the committee to enquire into the extent and adequacy of nursing service available to the non-hospitalized sick in Ontario, and came into being at the instigation of District 5, under the chairmanship of Miss Dorothy Mickleborough. The present convener is Miss Edna Moore, and the other nurse members of the committee are Misses Constance Brewster, Isabel MacIntosh, Marjorie Buck, and Matilda Fitzgerald. Miss Nell Wark represented the field of social work; Mrs. W. F. B. Parsons represented the Women's Institutes of Ontario; Dr. Ward Woolner represented the Ontario Medical Association.

In 1935, a survey was carried out, by the questionnaire method, in all of the nine Districts and was reported upon at the annual meeting in 1937. In 1938, the committee reported on the details of a second survey in Districts 5, 8, and 9, and asked for approval of the suggestion that a third survey be conducted in a city of approximately 75,000 population. In the 1939 report, a further request was made for permission to meet jointly with the Committee on the formation and reorganization of Registries.

Agreement was reached that a survey should be undertaken and methods of procedure were outlined. The city of London presented most of the factors desired and it was decided to approach District 1, R.N.A.O., and the London Academy of Medicine, to enquire if they were willing to co-operate. The officers of District 1 approved the plan, and a committee was organized in London under the chairmanship of Miss Mildred Walker. The date was set, and the questionnaire and a covering letter prepared. The London nurses supported the effort whole-heartedly, and the members of the Academy of Medicine co-operated so well that, before the end of 1939, the completed questionnaires were in the hands of the committee.

One hundred and twenty-four questionnaires were sent to physicians whose names appeared on the Academy roster. A number of names on the list were of physicians who had entered military service and therefore were no longer in practice; a few had recently moved from the city. Of the seventy-six questionnaires which were returned 46 were completed; 11 carried comments only; 12 bore signatures only; 6 bore explanations that the physicians were engaged in office practice only; and 1 declined to give information.

The earlier surveys had drawn attention to the lack of professional nursing care among those stated to be in need of it. Such observations were based, first, upon those cases specifically stated by the physician to be needing, and not receiving, the care of a trained nurse; second, upon the significant number of patients suffering from pneumonia or acute communicable diseases in which it was stated that professional nursing care was not needed. In this connection it much be remembered that all three surveys were in the nature of a census of the situation on a given day. It is, therefore, evident that the patients included in it would be in various stages of acute illness or recovery at the time the record was compiled. Consequently (and this is one of the significant limitations of this type of survey) maternity, pneumonia and other cases might, on a given day, be in such a stage of recovery or convalescence that they might reasonably be stated to be not needing professional nursing care.

The situation with respect to nursing care in current cases of illness (exclusive of hospitalized cases) was shown to be as follows:

Total cases reported upon: 576

Number said to be not needing professional nursing care 459

Number said to be in need of professional nursing care 117

These figures must be considered in the light of the general comment, and accepted as reasonable in view of the limitations of the survey. It is also evident that, without detailed case analysis, dogmatic statements cannot be attempted.

Out of 46 reports, in which the statistical material was acceptable for analysis, it was found that 117 patients in a total of 576 (roughly 20 percent) were stated to be in need of professional nursing care. Of these, 54 (approximately 46 percent) were receiving it at the time of the survey, and 63 (approximately 54 percent) were not. The replies to the questionnaires showed that of the 54 cases receiving professional nursing care, 34 had professional nurses in the home; 8 were receiving hourly nursing service; and 12 were receiving visiting nurse service.

In the opinion of the physician, the chief reason professional nursing care was not used, although needed, was lack of sufficient funds (49 out of 51 cases). The care such patients received was apparently such as could be given by the family or neighbours, although a significant number of practical nurses were being employed. Attention is directed to the statements of physicians in enlarging upon this finding. Of 381 patients in this group, it was stated that no nursing care was needed by 199. In the remaining cases, such care as was being received was given by the family of 145 cases, and by practical nurses in 25. The returns also indicated that there were 42 patients for whom professional nursing care was not needed, but for whom the type of care being given might be modified to advantage. For instance, 42 patients were being cared for by members of the family and, for 41 of these the services of practical nurses were stated to be preferable.

Under the section of the questionnaire devoted to comments, the doctors were asked four questions. The first was: "Were the practical nurses secured from the Central Registry, and, if not, how were they secured?" Six replies indicated that physicians had obtained the services of practical nurses through the

Central Registry. Twenty-one replies showed that these services had been obtained as follows: 11 by the family; 8 from the physician's own list; 1 from a neighbour; 1 from a drug store.

The second question was: "Is the present system of securing practical nurses from the Central Registry satisfactory"? Thirty-five replied in the affirmative, adding the following comment: "There are not enough of them and more are needed". Four physicians said that they did not use the services of practical nurses. Two did not know that this service was available, and one said, "I am glad to hear that practical nurses may be secured from the Central Registry. How do you grade them?"

The third question was: "What preparation do you consider necessary for the so-called practical nurse"? The replies were as follows:

Practical woman with special preparation; a little knowledge is a dangerous thing.

Any woman with a high intelligence quotient can serve as a good practical nurse. If special knowledge is required, then a trained nurse is necessary.

Good general education, health, unemotional, well trained in household duties.

Would include male practical nurses.

Four physicians suggested that a home nursing course should be given. Nursing practice, under the supervision of a professional nurse or a physician, was suggested by three. It was also proposed that practical nurses should be given a course of lectures and practical training in the care of a bed patient; recording of temperature, pulse, respiration; the giving of enemata; the administration of hypodermic medication; serving palatable meals.

If a certificate were held to be necessary before securing a license, a supervised training for two months was suggested by five physicians; a six-months general course in a hospital by two physicians; a one-year general course in a hospital by four physicians; six months to one year general course in hospital by one physician; one or two years general course in hospital by one physician. A full training course in a small hospital, with a lower grading than standard hospital qualifications, was also put forward.

The fourth question was: "Can you suggest any extension or modifications of the Central Registry plan for the improvement of service, in order to more adequately meet the community nursing needs?" Four physicians gave an unqualified statement of satisfaction; two stated that they had no suggestions to make; one physician said: "Quite satisfactory, with the exception of the difficulty in procuring nurses over the holiday seasons—especially Christmas and New Year". Another said: "I believe the practical nurse fills a useful place in the private home where finances are a vital question". The suggestion was also made that visiting nursing associations should be subsidized to permit of much larger staffs, thereby reducing the necessity for using practical nurses. The need for male nurses was mentioned, and also the desirability of having nurses listed according to their special preparation and qualifications.

The eight-hour day was referred to by the majority of those replying to the questionnaires and the following points were stressed:

The cost is excessive. One physician said that 95 percent of his practice could not afford professional nursing care on the eight-hour basis; another set the figure at 90 percent.

Patients are disturbed by the frequent change of nurses. The nurse is anxious to earn her fee and does unnecessary things for the patient, not allowing him to have sufficient rest.

Nurses on the night period should make fuller notes on the care given and their observation of the condition of the patient, as the physician rarely sees them for conference.

It should be left to the discretion of the attending physician and the nurse as to whether eight or twelve-hour duty is desirable for any patient. One physician said: "By no means do I support the twelve-hour day for student nurses nor for graduate nurses, but the shorter hours could mean work for more nurses if fees were scaled down in proportion".

It is noted that no reference was made to the needs of the nurse as an individual, nor how these are met by the eight-hour day.

In considering the findings of the committee, attention is drawn to the fact that there are four central registries in Ontario; these are situated in Hamilton, London, Ottawa, and Toronto. The first survey was carried on throughout the Province with the exception of these four cities; the second survey included Districts 5, 8, and 9, with the exception of the cities of Ottawa and Toronto. The third survey applies only to the city of London, where a Central Registry operates.

In other words the findings of the first and second surveys apply to areas of the Province not served directly by a central registry, while the findings of the third survey apply to a city which is served by a central registry. In the first and second surveys, replies came from physicians practising in remote areas and in rural communities in southern Ontario. Medical officers of health in some of the smaller municipalities suggested that public health nursing service might include bedside care on a visit basis. Others recommended the extension of the scope of visiting nursing organizations.

The question of the subsidiary worker arose in all three surveys, and in this connection attention is drawn to the editorial pages of the February, 1940, issue of *The Canadian Nurse*, and also to the article entitled "The auxiliary worker in the care of the sick", by Miss Effie Taylor, which appears in the same number. In New Zealand, the organized nursing profession has studied this question and has seen the results of their efforts embodied in legislation which places responsibility for the training and direction of the subsidiary worker in the hands of the professional group. In the State of New York, a survey revealed that there were some 42,000 unclassified nurses practising, many with little or no preparation. A legislative program resulted in the passing of an Act providing for the licensure and control of all who nurse the sick for hire, either as registered professional nurses or as practical nurses. This law further provides that subsidiary workers directly concerned with the care of patients, and not already qualified for the practical nurses license or without previous training or experience, must in future have a course of training approved by the Department of Education, and be able to pass a State Board examination.

It is known, from the federal census of 1931, that there were at that time in Ontario 2,250 women of all ages, engaged in practical nursing. Further information will be revealed by the census which will be completed in 1941.

In presenting the report of the Committee, Miss Edna Moore expressed deep appreciation of the support and encouragement so freely given by the Registered Nurses Association of Ontario. She also spoke of the valuable co-operation of the Ontario Medical Association, and of the physicians throughout the Province without whose help the three surveys could not have been made. Special thanks were tendered to Dr. A. Hardisty Sellers, medical statistician of the Ontario Department of Health. The contributions made by Dr. Ward Woolner, Miss Nell Wark, and Mrs. W. F. B. Parsons were gratefully acknowledged.

Thanks to the excellent work of the Committee on the Distribution of Nursing Service, the Registered Nurses Association of Ontario has acquired a considerable body of authoritative information for use in whatever way may be indicated. Nor is the usefulness of this report confined to Ontario—it may be studied to advantage in every province in Canada.

The R.N.A.O. and Registries

No one who attended the annual meeting of the Registered Nurses Association of Ontario is likely to forget the masterly report presented by Miss Marjorie Buck, on behalf of the committee on the formation and re-organization of registries. This project was carried on by means of three co-ordinated subcommittees.

The first of these committees, under the convenership of Miss Madalene Baker, outlined the guiding principles which should govern the organization, administration and finance of a Community Nursing Registry; the second, under the convenership of Miss Marjorie Buck, drew up a tentative constitution and by-laws for such a Registry, together with the necessary rules and regulations; the third sub-committee, under the convenership of Miss Jean L. Church, presented a comprehensive system of records. The committee, as a whole, was in close touch with the committee on the distribution of nursing service, working under the convenership of Miss Edna Moore. This active cooperation accounts, in a large measure, for the remarkable success achieved by both groups.

In outlining the fundamental principles, the Committee defined a Community Nursing Registry as a placement service, established for the purpose of meeting the community's every need for nursing service. Such a Registry would serve as a clearing house for all nursing interests, and would strive to maintain a high standard of professional work and ethical conduct. It would help to promote a measure of economic security for the registrants, and to bridge the gap between the patient who needs nursing service and the nurse who is prepared to render it.

Direction and Control: The standards suggested by the Committee are based upon the premise that certain fundamentals in physical equipment, organization, administration, and objectives are common to all nurses' professional registries, whatever their type of organization, their size, or their scope.

The Committee recommends that the direction and control of the Registry shall be vested in a thoroughly representative Board of Directors. The office of the Registry should be conveniently located and suitably equipped. If housed in a local hospital, a definite business arrangement should be made. The Registry should not be conducted in a private home.

Finance: The Committee suggests that

possible sources of income for the maintenance of the Registry include:

Initial and annual registration fees from registrants.

A stipulated monthly sum from Visiting Nursing organizations for servicing their night and holiday calls or, if there is only one visiting nurse in the community, all their calls.

Annual fees from physicians who wish the Registry to take their calls if no answer is received from their office or home telephones.

Grants from local medical and nursing organizations.

Grants from Community Chest funds, and insurance companies.

Grants from provincial and municipal governments.

Funds raised by voluntary group effort.

Various co-operative insurance plans.

Publicity: A continuing publicity program should be consistently carried on for the information of the public. Well qualified speakers should address the medical and nursing groups. Personal contact should be maintained with hospital authorities. Every effort should be made to interest service clubs and other welfare organizations. Appropriate articles should be prepared for *The Canadian Nurse* and other professional journals, as well as for the local press. Circulars should be distributed to industrial plants, stores, and other groups.

Membership: The members of the Registry shall consist of (1) graduate nurses (male and female) holding registration certificates from the Province of Ontario for the current year, and who agree to comply with the rules and regulations of the Registry; (2) subsidiary and auxiliary workers such as practical nurses, orderlies, and housekeepers (the same to be certified when such certification or registration be enacted) and who agree to comply with the rules and regulations of the Registry. Membership fees shall be regulated by the Board of Directors.

Administration: The Board of Directors shall be made up of representatives of the various groups listed below, provided that the membership, other than nurses, shall not exceed one-third of the total personnel: local nursing organizations; local superintendents of nurses; local superintendents of hospitals; visiting nursing associations; public health nurses; local medical organizations; men and women representative of community interests; all registrant groups; Community Chest, Welfare Board or any organized social agency; district association of the Registered Nurses Association of Ontario.

Registrar: The Registrar, and such assistants as may be needed to maintain a twenty-four hour service, shall be appointed by the board of directors and shall be well-qualified graduate nurses. Their salaries, hours of duty, arrangements for relief and holidays shall be as stipulated by the board of directors. The Registrar shall accept all applications for membership and present them to the Credential Committee appointed by the Board of Directors. She shall keep a record of all the members of the Registry, their addresses and telephone numbers, and shall notify the members of all meetings. She shall, under the advice and direction of the board, administer the office details of the Registry including the maintenance of the record system.

Rules and Regulations: The Committee has drawn up rules and regulations which set forth the terms of agreement between the Registry and the registrant. Among these are the following:

The registrant receiving placement service must meet definite requirements and will be expected to co-operate by promoting the aims and purposes of the Registry.

The Board of Directors has the authority to cancel the membership of a registrant, if in the opinion of the Board such action is necessary in the best interests of the Registry.

The registrant is privileged to bring to the attention of the Board of Directors, through the proper channels, any matter which she believes is not in the best interests of the registrant and of the Registry.

A registrant, when registering for duty, will have her name placed at the end of the call list, but she must be ready to respond to a call. The Registrar will send out the first registrant on the call list who is slated for the class of work to which the call refers, except when a "special" request has been received.

After a registrant has placed her name on call, if illness or any other unavoidable cause prevents her responding to a call, she must notify the Registrar at once, in which instance her name will be kept in its proper rank for a period of forty-eight hours; neither does she lose her rank for a case lasting the same period of time. She may also be allowed to bracket for three days.

The Registry is privileged to reserve a sufficient number of registrants to meet the need for Sundays and holidays.

A registrant must be prepared to take all cases for which she is fitted during her first three years on the Registry, after which time she may state her preferences in a written request to the Board.

Records: A comprehensive series of records constitutes a most valuable part of the report. For graduate registrants, there is an application form which gives a complete picture of the applicant's professional qualifications, and also a general idea of her personality and mental attitudes. The letter of enquiry, addressed by the Registry to the applicant's superintendent of nurses, includes a number of headings under which a critical appraisal may be made. The record card, for use on the call board, summarizes information which will enable the registrar to make a wise choice in assignments.

The application form to be used by auxiliary workers contains enquiries concerning the candidate's experience in household management as well as her experience in nursing patients. An excellent introduction card, to be given to the patient by the auxiliary worker, is also provided. This card plainly indicates the status of the worker and the amount of the fee which may be charged. It is also made clear that a graduate nurse, representing the Registry, is available for advice if her counsel is desired either by the patient or the attendant.

Obituary

MARGARET ELIZABETH DUNCAN CURRIE, beloved wife of Mr. T. D. Currie, died on April 18, 1940. Mrs. Currie was a member of the first class to graduate from the School of Nursing of the Wellesley Hospital, Toronto. Immediately after her graduation in 1915, she served for two years with Number 16, C.A.M.C. Hospital in Orpington, England, and subsequently as a member of the staff of the Davisville Military Hospital in Toronto.

Viruses

D. J. MacLeod

Although certain important virus diseases were known many years ago, it was not until 1892 that a Russian botanist, Iwanowski appreciated something of the real nature of these infectious maladies. This scientist found that when the juice from a tobacco plant which showed a curious mottling of the leaves was rubbed into a healthy plant similar symptoms promptly developed in the plant so infected, thus establishing that the infectious agent was in the sap. Iwanowski also discovered that when the juice of an infected tobacco plant was passed through a fine porcelain filter that ordinarily excludes bacteria, it maintained its infectious properties, establishing that the active principle was something smaller than bacteria.

Curiously enough, Iwanowski failed to grasp the significance of these striking results and concluded that the disease was still bacterial in nature, the reaction being due to toxin. It remained, therefore, for a Dutch botanist, Beijerinck, six years later to appreciate the true significance of these findings and to prove that the infectious agent was not a bacterial toxin but something much smaller than ordinary bacteria which he called a *contagium vivum fluidum*, "a contagious living fluid", thus establishing the existence of a new group of disease-producing agents, differing from bacteria, which are now called viruses. This discovery was soon followed by the finding of the first virus disease of animals, the foot-and-mouth disease of cattle. Later the virus origin of smallpox, infantile paralysis, fever blister, fowlpox, hog cholera, dog distemper and various destructive diseases of plants and insects was established.

It is gratifying to realize that virus diseases, such as smallpox and yellow fever, which caused much human suffering are now under control. Unfortunately, however, a number of virus diseases such as infantile paralysis and encephalitis continue to take their toll, while such diseases as hog cholera and horse encephalitis, also of virus origin, still cause the death of many animals on this continent, and thousands of animals die in Europe annually from the foot-and-mouth disease. Virus diseases of plants are also responsible for serious annual crop losses, amounting to millions of dollars. The economic importance of the virus diseases of plants therefore, furnishes a continuous stimulus for a study of their nature and control. It may be of interest to refer briefly to some recent advances made in the study of the nature of these disease-producing agencies.

Filtrability was considered at first almost an infallible means of distinguishing between bacteria and viruses. No great exception was taken to this conception until some certain accepted living organisms were discovered that were smaller than the vaccinia virus, the so-called influenza organism, for instance. Later, as the methods for determining the size of small particles were improved, it became obvious that certain viruses (such as those of infantile paralysis and the foot-and-mouth disease of cattle) were not only smaller than bacteria but actually less in size than certain protein molecules. Since there is therefore, no justification for separating bacteria and viruses on the basis of their filtrability, these groups are now distinguished by other characteristic properties, by means of a combination of which it is now possible to definitely recognize and isolate some of the important viruses.

The most important property of a virus is its capability of multiplication or reproduction which process, however, occurs only within the living cells of susceptible hosts. Although certain viruses may survive outside the living cell, they neither multiply nor cause disease when so maintained, or in the presence of dead cells or of cell-free extracts of living cells. It is also significant that, during multiplication, most of the virus produced is similar to that with which the host was originally inoculated, thus resulting in an almost constant production of the specific virus and usually giving rise to a definite set of disease symptoms. Sometimes, however, there is also produced a minimum of virus that differs slightly from that originally introduced. This is interpreted as being a mutation whereby a new strain of the virus is created.

Of considerable practical importance and interest is the fact that some strains of plant viruses are so mild in their effect on the host plant that they may produce no visible symptoms, yet may protect the plant so involved against invasion by a more virulent strain of the same virus. A similar situation obtains in the case of viruses affecting man and domestic animals, although the mechanics of the immunity created may be somewhat different. This principle has been used for years to vaccinate and protect human beings against the more severe strains of the smallpox virus, and recently there has been developed a new strain of yellow fever virus which is used to protect against the more virulent strain that has caused such a great loss of life in the tropics. Another interesting feature of viruses is that certain of them produce inclusion bodies within the infected cells which may be used as a means of recognition. Certain plant viruses may be identified in this way and the use of this characteristic for the detection of rabies in the brain is well known. It will be thus recognized that some of the properties by which viruses are characterized, such as reproduction, mutation and specificity of action and infectiousness have been regarded for years as characteristic of living organisms. This explains the reasons why earlier investigators had a general tendency to regard viruses as submicroscopic living organisms.

Among the viruses that have probably been subjected to the most extensive investigation in the past are vaccinia, rabies, and the tobacco mosaic virus. The latter of these was selected for critical investigation on account of having certain suitable properties, such as being intermediate in size, which rendered it a convenient and excellent type for study. Many investigators devoted their attention to this virus, and in 1935 Dr. W. M. Stanley, a chemist at the Rockefeller Institute at Princeton, New Jersey, established for the first time the protein nature of the virus and was able to isolate the same in a crystalline form. This was soon followed by the isolation in crystalline form of other plant viruses such as the ring spot of tobacco and one causing a disease known as "bushy stunt" in the tomato.

None of the animal virus proteins have been isolated in crystalline form but there is strong evidence of the protein nature of such viruses as that of vaccinia, foot-and-mouth disease and Rous sarcoma. Some very interesting chemical studies have been made of these proteins and the reaction of a number of substances, including many disinfectants, have been determined. It was found that certain of these substances changed the virus protein to such an extent that other proteins were produced which though having physical, chemical and serological properties, either identical or very similar to those of the active protein were quite incapable of producing disease. This may serve as a useful aid in arriving at a control for some of these viruses.

It is of great significance that viruses are extraordinary proteins, of a size in some cases less than that of certain molecules which when introduced into the living cells of animals and plants may direct the metabolism of the invaded cells in such a manner that they cease to function normally, thus producing reactions that may be termed as disease. It is also remarkable that this protein is capable of reproducing itself during the process of causing disease, simulating the behaviour of a living organism.

Biologists have always adhered strongly to the cell theory of life, and to the conception that a tremendous amount of organization is necessary for its support. The idea that a single unit, molecular in size may possess sufficient organization to endow it with life-like properties under certain conditions offers a new outlook which should be approached with caution but given due consideration. Viruses, therefore, have given rise to a new research that started with the study of a plant disease and continued with problems of interest not only to the bacteriologist and pathologist, but also the chemist, the physicist, the crystallographer and the biologist. This research now appears to be culminating in a problem of general interest to all scientists—the riddle of life itself.

Nursing Service, R.C.A.M.C., C.A.S.F.

The Canada Gazette announces the appointment of Emma Florence Pense, R.R.C., as Matron-in-Chief (in England) of the military nursing service, R.C.A.M.C., C.A.S.F. Since July 1920 Miss Pense has been a member of the permanent nursing staff of the R.C.A.M.C., and at the outbreak of the present war held the position of Matron in the military Hospital at Kingston, Ontario.

From 1914 to 1919, during the first Great War, Miss Pense rendered valuable service in France, Belgium and England, first as a Nursing Sister, and later as Assistant Matron, and Assistant to the Principal Matron, in France. In recognition of her fine achievement, Miss Pense received the following decorations: Royal Red Cross; the

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1914 ("Mons") Star; the King George V Jubilee Medal; the Coronation Medal.

Miss Pense was born in Kingston, and educated at the Kingston Ladies College. She is a graduate of the School of Nursing of St. Luke's Hospital, Newburgh, New York. Her first administrative position was as assistant superintendent of nurses in a hospital in Canton, Ohio, and subsequently she became superintendent of nurses in the General Hospital at New Philadelphia, Ohio. This position she resigned in 1908 in order to take a course in military nursing at Halifax which qualified her for the C.A.M.C. permanent nursing service.

Miss Pense has already assumed her duties as Matron-in-Chief in England, and the nurses of Canada will wish her all success in her arduous and responsible task.

The Canada Gazette announces that Nursing Sister J. Machray has been appointed to be Assistant Matron. The following have been appointed to be Nursing Sisters: H. B. Sabine, E. B. Maclean, D. E. Mick, N. O. Crozier, F. E. Balcom, A. W. Foster, M. E. M. Jnoes, C. S. Clark, A. T. Pillsbury, T. M. Frazer, M. C. Crawford, E. C. Molyneux.

J. Wallace, A. M. Ogilvy, R. L. King, J. M. Jeffrey, R. D. Bramley, V. A. Galbreath, E. Nielsen, M. M. Shearman, B. M. Seaman, N. L. Smiley, D. M. M. Rodgers, V. M. MacRae, S. Wolchuk, M. M. J. Vincent, J. D. Aseltine, E. Smith, E. O. Waugh, I. A. Baldwin, M. C. Brown, A. L. Young, M. D. Fuller, Q. M. Esdale, A. J. Macleod, M. Loggin, M. Hodgson, C. R. Shand, H. G. MacGuigan, H. L. Lane, R. Adams, D. F. Harris, H. B. Howard, G. N. Dube, S. D. Legate, M. Adair, I. Gervin, M. S. Fillmore, B. M. Welsh, O. H. Munro, V. E. E. Roberts, H. J. Coburn, B. J. Knowles, A. Thorpe, M. L. M. Baldwin, C. M. Morris, A. E. Manderson, E. L. Burnham.

AN EXECUTIVE HAS NOTHING TO DO—ALMOST

As everybody knows, an executive has practically nothing to do — that is, nothing to do except:

To decide what is to be done; to tell somebody to do it; to listen to reasons why it should not be done, why it should be done in a different way, and to prepare arguments in rebuttal that shall be convincing and conclusive.

To follow up to see if the thing has been done; to discover that it has not been done; to inquire why it has not been done; to listen to excuses from the person who should have done it and did not do it.

To follow up a second time to see if the thing has been done; to discover that it has been done but done incorrectly; to point out how it should have been done; to conclude that as long as it has been done, it may as well be left as it is; to wonder if it is not time to get rid of a person who cannot do a thing correctly.

To consider how much simpler and better the thing would have been done had he done it himself in the first place; to reflect sadly that if he had done it himself he would have been able to do it right in twenty minutes, but that as things turned out he himself spent two days trying to find out why it was that it had taken somebody else three weeks to do it wrong; but to realize that such an idea would strike at the very foundation of the belief of all employees that an executive has nothing to do.

—F. C. BIERNE,
in *The Ounce of Prevention*

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

Province of New Brunswick

Congratulations are extended to the New Brunswick Association of Registered Nurses in obtaining a long desired objective, namely, the passing of a new bill for the Registration of Nurses by the Provincial Legislature. This bill recently received the final signature of the Lieutenant Governor of New Brunswick. New and amended by-laws to conform with the new Act of Registration will be adopted at the annual meeting of the New Brunswick Association of Registered Nurses, in September 1940.

At a recent meeting, the Executive Council of the New Brunswick Association of Registered Nurses accepted with much regret the resignation of Miss Maude E. Retallick as secretary-registrar. This resignation terminates a tenure of office extending over fifteen years.

Control of Cancer

The chairman of the Canadian Society for the Control of Cancer has sent the following letter to the Canadian Nurses Association:

> I believe that the work of the Canadian Society for the Control of Cancer is not unknown to the members of your organization. Education, as you will appreciate, is one of the key factors in a successful campaign to control cancer.
>
> Very detailed plans are under consideration of a representative group here in Toronto for a widespread campaign, and we would appreciate it if you would have this letter read at the next meeting of your organization.
>
> We would appreciate it, first of all, if your members would look for the Canadian Society for the Control of Cancer exhibit at the Canadian National Exhibition. In addition to this, a public meeting is being planned, to be held either in Varsity Arena or Convocation Hall, on Friday, September 20, at which time outstanding speakers will address the audience on cancer and cancer control work. This will be followed by a widespread campaign to extend the scope of our educational programme, but we would ask the members of your organization to particularly keep in mind these two events, with a view to lending their wholehearted co-operation.
>
> May I take this opportunity of extending to your members, on behalf of Toronto District Council, our heartiest greetings and best wishes for a successful year?

Anonymous Letters

Members of provincial Associations of Registered Nurses are reminded that the Canadian Nurses Association cannot give consideration to any letter that does not bear the signature and address of the writer.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

Alberta:

Edmonton District Branch No. 7, Alberta Association of Registered Nurses	$10.00
Medicine Hat District No. 10, Alberta Association of Registered Nurses	5.00
General Duty Nurses, Royal Alexandra Hospital, Edmonton	9.75

Public Health Section, Alberta Association of Registered Nurses	5.00
Public Health Nurses of Alberta	1.00
Staff Nurses, Royal Alexandra Hospital, Edmonton	5.00
British Columbia:	
A.A., St. Joseph's Hospital, Victoria	5.00
A.A., Vancouver General Hospital, Vancouver	10.00
Overseas Nurses Association, Vancouver	10.00
Miss E. M. Rutherford, Merritt	1.00
Registered Nurses, Provincial Mental Hospital, Essondale	7.00
Royal Jubilee Hospital Training School, Victoria	15.00
Royal Jubilee Hospital Supervising Staff, Victoria	2.50
New Brunswick:	
New Brunswick Association of Registered Nurses	50.00
A.A., Chipman Memorial Hospital, St. Stephen	5.00
A.A., Fisher Memorial Hospital, Woodstock	10.00
A.A., Saint John General Hospital, Saint John	10.00
A.A., St. Joseph's Hospital, Saint John	5.00
A.A., Soldiers' Memorial Hospital, Campbellton	10.00
Staff Nurses:	
Chipman Memorial Hospital, St. Stephen	3.50
Fisher Memorial Hospital, Woodstock	5.00
Lancaster Military Hospital, West Saint John	3.50
Miramichi Hospital, Newcastle	2.25
Provincial Hospital, Fairville	10.00
Saint John General Hospital, Saint John	10.00
Victoria Public Hospital, Fredericton	4.00
Saint John Public Health Section, N.B.A.R.N.	7.00
St. Stephen Chapter, N.B.A.R.N.	5.00
Saint John Chapter, N.B.A.R.N.	15.00
From Surplus of Donations of Previous Years	34.75
Nova Scotia:	
A.A., Halifax Infirmary, Halifax	5.00
A.A., Glace Bay General Hospital, Glace Bay	10.00
Antigonish-Guysboro-Inverness-Richmond Branch, R.N.A.N.S.	5.00
Lunenburg Branch, R.N.A.N.S.	10.00
Ontario:	
A.A., St. Joseph's Hospital, Peterborough	5.00

The S.R.N.A. Annual Meeting

The twenty-third annual convention of the Saskatchewan Registered Nurses Association was held in Regina on May 28 and 29. Twenty-two centres were represented, one of these being the northerly Red Cross Outpost at Pierceland, Saskatchewan. As evidenced by the attendance, the program was varied and full of interest. Delegates received a warm welcome to Regina. The committee on local arrangements, under the chairmanship of Miss A. F. Lawrie, made all arrangements for their comfort and convenience. The Saskatchewan Hotel afforded an appropriate setting.

From the inspiring address by the president, Miss Ann Morton, to the moment of adjournment, the days were well filled. In her address, Miss Morton stressed the need for unity of effort, and stated how essential it is for nurses to be prepared to meet any demands that arise in the present crisis, without thought of personal gain.

Saskatchewan nurses welcomed Miss Nettie Fidler, of the University of Toronto, as their special guest. In addition to the informative address which Miss Fidler gave on the first morning ,when she so ably developed the subject of psychiatry in nursing, she attended all sessions and shared in the round table discussion. On the second day, Miss Fidler took the delegates for a trip to Poland and Finland and placed special emphasis on the professional developments in these countries, as she found them in 1939. The nurses of Saskatchewan greatly appreciated Miss Fidler's attendance at the convention, and regretted that her sojourn in the province was so brief.

Several other stimulating addresses were given, including those on "Some phases of public health" by the Hon. J. M. Uhrich, and "What have we by way of heritage?" by M. A. MacPherson, K. C. Both these addresses were challenging and full of interest.

On the first afternoon, the Sections met to consider their special interests. These sessions were presided over by the respective chairmen: Public Health Section, Miss M. Pierce, of Wolseley; Nursing Education Section, Miss M. Ingham, of Moose Jaw; Private Duty Section, Miss M. Chisholm, of Saskatoon.

At the business sessions of the convention special study was given to the recommendations and resolutions that are to be discussed at the biennial meeting of the Canadian Nurses Association. Other matters of concern and interest that were considered at these sessions were the reports of the treasurer-registrar and advisor, and of special committees; recommendations regarding the supervision and control of home and convalescent aids, and the establishment of a loan fund.

Under the leadership of Miss Augusta Evans, *The Canadian Nurse* received unique publicity. To be appreciated, the rendering of the latter must be told to music — as it was by Miss Evans and Miss Bransted of Moose Jaw. From later reports, the various energetic appeals made by the *Journal* Committee were not in vain.

A novel presentation was included on the program on the first afternoon, at a session presided over by Miss M. R. Chisholm of Saskatoon. At this meeting, work in a Red Cross Outpost Hospital, the activities of an air stewardess, of a public health nurse, and a private duty nurse were outlined respectively by Misses Clara Neal, L. Garner, Agnes Laidlaw and Eileen Welsh. Through the kindness of the Saskatchewan Red Cross Society, delegates were privileged to see a motion film of work in a Red Cross Outpost Hospital in Saskatchewan. The round table discussion, conducted by Miss R. M. Simpson, was an event that created much interest.

Exhibits also formed part of the program and were well worthwhile. They included contributions from hospitals, schools and public health organizations. A whole article could be written on many of the interesting projects and equipment displayed. These were brought to the attention of the audience by Miss Marion Thompson, instructor, Regina General Hospital.

The final session, held at the Regina Grey Nuns Hospital, was followed by an interesting address by Dr. A. W. Blair on the management of cancer, and a visit to the Cancer Clinic, recently established at the Regina Grey Nuns Hospital.

Social events were many and pleasant. Delightful luncheons were given in honour of the delegates by the Regina General Hospital and the Regina Grey Nuns Hospital. The banquet, at which Miss M. Diederichs, president of the Regina Registered Nurses Association, presided was well attended. One of the highlights of the convention was the tea at Government House, when delegates were the guests of His Honour, the Lieutenant-Governor.

The report of the scrutineers showed the following members elected to office for 1940-41: President, Miss A. Morton, Weyburn; first vice-president, Miss M. Diederichs, Regina; second vice-president, Miss E. Amas, Saskatoon; councillors: Rev. Sister O'Grady, Saskatoon; Miss M. Ingham, Moose Jaw; chairmen of sections: private duty section, Miss M. Chisholm, Saskatoon; public health section, Miss M. Pierce, Wolseley; nursing education section, Miss M. Reid, Saskatoon.

A question asked at the round table discussion was: "How may the Provincial Nurses Association increase its usefulness to members?" One of the replies suggested that an association only develops as its members make use of it. The Saskatchewan Registered Nurses Association asks each nurse in Saskatchewan to test this suggestion and to be present at the twenty-fourth annual convention to report on the results.

The A.R.N.P.Q. Annual Meeting

In former years, the annual meeting of the Association of Registered Nurses of the Province of Quebec took place in mid-winter and sometimes synchronized with the worst blizzard of the season. This year it was held in the sunny weather of the month of May. The attendance was large and the various sessions were more interesting and stimulating than ever before.

The retiring president, Miss Margaret L. Moag, gave an admirable summary of the work accomplished during the past year, as evidenced by the reports of the various committees. Miss Moag spoke with deep feeling of the crisis through which our Empire is now passing and expressed confidence that nurses will play their part as courageously as they did in the first Great War.

The report of the treasurer, Miss Catherine M. Ferguson, showed that the finances of the Association are in a flourishing condition, and the executive secretary, Miss E. Frances Upton, presented comprehensive and stimulating reports in her dual capacity as registrar and school visitor. Reference was made to the magnificent response to the Joint Enrolment Plan for service in war or other disaster under which 1037 members have signified their desire to serve, approximately 900 of whom are now ready to be called upon. It was pointed out, however, that this process of enrolment had involved a tremendous increase in the work of the registrar.

Membership in the Association is steadily growing and now amounts to 4064. Of these, 1309 are engaged in private duty, 1618 in institutional work, 523 in public health nursing, and 104 as office nurses, registrars, etc.

Steady progress is being made in schools of nursing, especially in relation to the following: teaching of chemistry and dietetics; affiliation for courses in the nursing of communicable diseases;

instruction and supervision in the clinical field. The health of the students is well safeguarded, and a reduction is being made gradually in their hours of duty.

Evening sessions were held concurrently in English and in French, and so interesting were both programs that it was not easy to choose between them. The French members had the pleasure of hearing Mme Pierre Casgrain speak on the contribution of the nurse to society, and Dr. Adelard Groulx, director of the Department of Health of the City of Montreal, gave a stimulating address on the role of the visiting nurse. A very large audience heard Dr. Grant Fleming give a masterly analysis of the implications of the report on the distribution of medical care and public health service in Canada. A most cordial welcome was given to Miss Sally Johnson, principal of the School of Nursing of the Massachusetts General Hospital, who spoke on the eight-hour day for private duty nurses in hospitals. The delightful humour, frankness, and common sense with which she handled this controversial subject were beyond all praise. Miss Johnson based her findings on actual experience and shed considerable light in dark places. While there could be no doubt about her sympathy with private duty nurses, she admitted that there were faults on all sides and that physicians, hospital authorities, nurses and patients must strive to understand and help each other.

A symposium, entitled, "The patient needs a nurse" was an excellent example of the recent trend toward presenting nursing problems in dramatic form. The three Sections pooled their resources and presented a most original sketch in which the fortunes of Mrs. Boyd were traced from the time she entered the hospital for operation until she was back in her own home under the care of a Victorian Order Nurse. The dialogue, while highly amusing, had an undertone of earnestness which gave it poignancy, and the part of the irrepressible Irish patient was admirably portrayed by Miss Rose Mary Tansey. Convincing character sketches were given of a student nurse, a head nurse, a special nurse, a Victorian Order nurse and a pediatric nurse by Miss Katherine Hyndman, Miss Winnifred MacLean, Miss Elizabeth A. Smith, Miss Evelyn Pibus, and Miss Ruby Tinkiss. The role of the anxious relative was taken by Miss Eleanor G. Johnson. The direction was in the capable hands of Miss Mary Mathewson, and Miss Marion Nash. At the conclusion of the play, the lesson it conveyed was summarized very sympathetically by Miss Nora Nagle.

Running concurrently with the symposium was a very well attended meeting of French members at which Mlle Claire Godbout presented suggestions regarding the solution of the problems of the private duty nurse, and Alderman Léon Trépanier outlined in detail the plans of the committee (of which he is chairman) charged with the responsibility of arranging Montreal's Tercentenary celebrations in 1942.

A most successful meeting was brought to a close by sessions at which very able addresses were delivered before the English group by Dr. M. R. Harrower and the Rev. George Kilpatrick, and before the French group by Dr. Antonio Barbeau, Dr. Albert Jutras, and the Rev. Paul Emile Leger.

The Canadian Nurse Committee of the A.R.N P.Q., under the direction of its convener, Miss M. Flander, were responsible for a most ingenious exhibit which illustrated the content of various issues of the *Journal*. This proved to be so interesting and instructive that it was decided to send it "on tour" to the Biennial Meeting of the Canadian Nurses Association in Calgary.

The R.N.A.N.S. Annual Meeting

The thirty-first annual meeting of the Registered Nurses Association of Nova Scotia was held at Glace Bay on June 6 and 7. Delegates were welcomed by the Mayor of Glace Bay, Mr. D. W. Morrison. It was during a war, His Worship said, that nursing first came into prominence and now that another world conflict is raging, he knew that the nurses of Nova Scotia would discharge any duties assigned them in keeping with the best traditions of the profession.

The president, Mrs. Hope Mack, delivered a message of greeting and good wishes from Miss Grace Fairley. The reports of registrar, treasurer and corresponding secretary were presented by Miss Muriel J. Graham. There were 167 admissions during the year, thirty-two of which were by reciprocity and seven by waiver. Grading reports were prepared by the registrar, and sent to fifteen general schools of nursing and one affiliative school since the last annual meeting. Ratings were based on living quarters; recreational facilities; staff; curriculum and course; hours of duty; health program; clinical facilities; and class and demonstration rooms. A summary of the ratings showed that there was considerable variation in conditions.

A roll call of the branches showed that all were represented. Excellent reports of local activities were presented. The report of the standing committee on private duty, presented by Miss Marie LeBlanc, showed that while the nurses in the city of Halifax had enjoyed a busy year, and continued success with eight-hour duty, other sections of the Province had very little employment. These sections were all working for shorter hours, twenty-four hour duty was fast disappearing and several centres had successfully established a ten-hour day.

Sister Camillus of Lellis presented the report of the nursing education committee. During the past year the work had been retarded by the multiplicity of activities undertaken by all groups. Refresher courses had been held by local branches, and educational programs had been sponsored by Alumnae Associations throughout the Province. Miss Laura Page, convener of the Joint Enrolment Committee, reported that over three hundred nurses had enrolled for service in war or disaster. Lists had been kept up-to-date and forwarded to the Canadian Red Cross Society. Copies of the list were also in the possession of the local military authorities, A.R.P. officials, and others, so that there need be no delay in the event of a local emergency.

The members were entertained at tea at St. Joseph's Hospital, where Rev. Mother Ignatius, superintendent of the hospital, presented an excellent paper on the role of the hospital administrator. A tour of the new hospital wing and tuberculosis unit ended a most interesting afternoon. At the evening session, reports were given on "The Florence Nightingale Memorial", *The Canadian Nurse,* and eight-hour duty for nurses. Miss Hazel Macdonald presented a short report as C.N.A. councillor.

The next morning, bright and early, we drove to ancient Louisbourg, where His Worship, Mayor Huntington told us in vivid words the story of the only walled city in North America. When the museum had been visited, the remains of bastions and dungeons examined and the pounding white surf admired, we heartily enjoyed our lobster luncheon. Upon our return to Glace Bay, business was resumed. Recommendations were presented from the Executive Committee and the Branches, and instructions were given our delegate to the General Meeting of the Canadian Nurses Association on matters of voting. An invitation was accepted to hold the 1941 annual meeting at Halifax, and plans were begun for a refresher course to be given in conjunction with it.

The following officers and conveners were appointed: President, Mrs. Hope Mack, Kentville; first vice-president, Miss Kathleen Harvey, Middleton; second vice-president, Miss Maude MacLellan, Digby; third vice-president, Miss Annie Martin, Sydney; recording secretary, Mrs. D. J. Gillis, Windsor Junction Conveners of the various committees were appointed as follows: public health, Miss Hazel Macdonald, Sydney; private duty, Miss Frances Brown, Wolfville; nursing education, Sister Mary Peter, Glace Bay; library, Miss Gertrude Crosby, Halifax; legislative, Miss Catherine Graham, Halifax; Red Cross emergency, Miss Laura Page, Halifax; advisory to registrar, Miss Sadie MacIsaac, Halifax; nominating, Mrs. C. W. Bennett, Halifax; arrangements, Miss Marjorie Jenkins, Halifax; program and publications, Miss Jessie McCann, Halifax.

An educative film, entitled "Good Hospital Care" was presented at the Savoy Theatre, and the final session took the form of a banquet when Miss Rhoda MacDonald, president of the Cape Breton and Victoria Branch of the Association, presided. A charming musical program was presented by the students of St. Joseph's and the Glace Bay General Schools of Nursing, concluding with a sing-song.

Mr. E. McK. Forbes, barrister, addressed the gathering on the responsibilities of a nurse. These were fourfold, he said, and included the duty of a nurse to herself, to society collectively, to the individual, and to God. Her duty to individuals was treated from a legal point of view, and several cases involving nursing jurisprudence were reviewed. Mr. Forbes concluded his address with a message of courage for these dark days of war. The sincerity of his assurance, "Hitler cannot touch God", brought comfort to us all.

—Muriel J. Graham

Which Procedures are Essential?

In isolated areas, where the members of the staff of the School of Nursing, have few chances for discussion with representative groups of the nursing profession, the instructor has many problems to solve. Some of these arise in connection with the teaching of practical procedure, for there is a marked difference of opinion as to what is essential, what is relatively unimportant, and what may be quite unnecessary. For example, such procedures as the following were recently listed as a waste of time if taught in the demonstration room to student nurses in a general hospital: hot pack; cold pack; hot air, vapour and light baths; medicated baths; sedative baths; colon irrigation; Murphy drip; lavage; gavage.

Are we doing our whole duty if we teach only what may be used in a particular hospital or locality?

STUDENT NURSES PAGE

What I Learned from the "V.O.N."

NELLIE WILE
Student Nurse
School of Nursing, Victoria General Hospital, Halifax

Nurses in training at the School of Nursing of the Victoria General Hospital, Halifax, enjoy certain advantages which are of exceptional value and interest; among these is the two-months affiliation with the Victorian Order of Nurses. A senior student is chosen, because completion of operating room and obstetrical training, dietary department instruction, and experience in both medical and surgical nursing is necessary for the work she will be required to do.

The student does not step blindly into this new work; a series of classes is given, and carefully selected articles are studied, as the different types of work require. Included in this study are the policies of the Victorian Order, the fundamentals of public health nursing, and standardized nursing procedures as practised in the home. Demonstrations and observation of each procedure are necessary before any nurse is allowed to carry on any visiting unaccompanied. From time to time, each visit is supervised.

For the first month, home contacts give the student an insight into post-partum, infant, medical, and surgical care. Preferably during the fourth week, a family is selected with which close contact is kept and which later provides material for a case history. This case history is made a part of the student's course and enables her to study the health, social and personality problems of a family. An attempt is made to analyze the problems, outline a plan for treatment, and as far as possible, carry out the plan. This study, perhaps, leads a nurse nearer to social problems than any other phase of her work; it is completed in the eighth week and is submitted before the affiliation period is ended. During the second month, welfare work includes pre-natal instruction and the usual post-partum and infant welfare visits. During this time the student observes one home delivery.

To me, one particularly interesting phase of the work was attending clinics conducted by the Victorian Order. These are the well baby clinic, including the immunization clinic for the pre-school children, and the pre-school dental clinic. Here contact was made with children of varying ages and development. The third clinic attended was the pre-natal, held at the Dalhousie Public Health Centre. The clinics not only gave us an idea of what is being done in this department of medical service but also showed how much might be done to improve the health of a community through education.

We were also greatly interested in visits to a pasteurization plant, to the Provincial Department of Health, to a mission where a nursery school is conducted, to an orphanage, and to the Social Service Index. At the latter, policies and methods were explained and information gathered on the ways of safeguarding community life. It was also our privilege to attend different community meetings. One of particular interest was the annual meeting of the Victorian Order where we learned of its activities during the year and of the part this branch plays in National Health Service.

It is with keen enjoyment that we carry out our work during the eight weeks' affiliation. The patient is studied, in relation to his family and to the community, as he cannot be studied in hospitals which have not a social service department. With a broader insight into community services and conditions, we leave the Order and return to our hospital work where we shall no longer study and treat our patients only as isolated individuals but as members of that public of which they are a part.

In many students who have been chosen for the affiliating course, there has been developed a keen sense of the needs of each community as well as a slight knowledge of our social problems everywhere. Some of the workers in the public health field today can trace their decision to carry on this work to the experience they gained through such an affiliation in their student days.

Reader's Guide

The use of lumbar anaesthesia in obstetrics requires intelligent co-operation on the part of the nurse. His own successful practice as an obstetrician and his use of the extensive records of Casa Maria, St. Joseph's Hospital, Hamilton, enable **Dr. R. J. Fraser** to afford most valuable instruction.

The close relation of all branches of biology to the practice of medicine is becoming increasingly apparent. **Mr. D. J. MacLeod,** officer-in-charge of the Dominion Laboratory of Plant Pathology in Fredericton, N. B., in describing the viruses which attack plants, suggests the wider application of research in this field.

The nursing aspects of the use of convulsive therapy in schizophrenia is ably described by **Miss L. Fair,** instructor of nurses in the Ontario Hospital, Whitby, Ontario.

In these uncertain days, economic security for nurses requires careful consideration.

In her capacity as convener of a committee, appointed by the Registered Nurses Association of Ontario to study this question,

Miss E. M. Buckbee presented the excellent report which appears in this issue.

NEWS NOTES

ALBERTA

EDMONTON:

A meeting of Edmonton District, Number 7, Alberta Association of Registered Nurses, was held recently. The chairman of the district, Miss Agnes Macleod, was in the chair. About sixty members were present. Miss Edith Perkins was appointed to represent the District at the Biennial Meeting of the Canadian Nurses Association, and Miss M. McCulla, of Lamont, was appointed as a substitute. Miss Margaret Deniston was appointed convener of a membership committee.

Miss M. McCulla gave a very interesting talk on the health units now operating in the Province, and showed how health education is spread by means of clinics, teaching and examinations in schools. Miss McCulla explained that the purpose of the health units is to give the rural districts a health service similar to that available in the cities. Miss K. Brighty gave a short talk on the work of the travelling chest clinic. Miss J. Brown spoke on industrial nursing and stressed the importance of pre-employment examination and provision for first-aid treatment.

CALGARY:

At the annual banquet of the Alumnae Association of the Calgary General Hospital held recently, there were 261 members present. In her address, the president, Mrs. T. L. O'Keefe, drew attention to the contribution of $1200. which was donated to the Red Cross. The toast to the King was given by Mrs. G. C. Winstanley; to absent members by Mrs. M. Caffrey; and to the training school staff by Miss M. Watt which was responded to by the superintendent of nurses, Miss S. Macdonald. The program also included the initiation of the Class of 1940 into the Alumnae Association, musical selections, and a skit entitled, "The Dear Departed".

LETHBRIDGE:

The May meeting of the Alberta Association of Registered Nurses, District No. 8, was held at St. Michael's Hospital, with a very large attendance. The guest speaker was Prof. G. Besselaar, student of languages and world traveller. He was born in Holland but left there forty years ago to reside in British South Africa. There he became a British subject. In 1931 he returned to Holland and accepted a chair in Amsterdam University and in this capacity he was influential in placing many nurses from Holland in positions in South Africa. Nursing conditions in South Africa were vividly described by the speaker. Letters from nurses in South Africa were read from a nursing journal published in Holland, telling of their experiences in their respective fields of labour. After the meeting refreshments were served by the Sisters of St. Michael's Hospital.

Miss Marjorie Bair has accepted a position at the Galt Hospital as operating room assistant supervisor.

Married: Miss Bertha H. Clarke, superintendent of nurses, Galt Hospital, to Mr. Ernest J. Kipp.

BRITISH COLUMBIA

VICTORIA:

The commencement exercises for the Class of 1940 of the School of Nursing of the Royal Jubilee Hospital took place recently. In a colourful setting, forty-one nurses received their diplomas and badges from Dr. T. W. Walker, medical superintendent of the Hospital, and Miss A. L. Mitchell, director of nursing. Following the graduation exercises, a reception was held at the nurses home in honour of the graduating class.

A scholarship of $100. was presented by the Royal Jubilee Hospital Alumnae Association to Miss Helene McLeod, Class of 1937, for post-graduate work.

Miss Helen Keyworth (R. J. H., 1940) has accepted a position in the R. W. Large Memorial Hospital, Bella Bella, B. C.

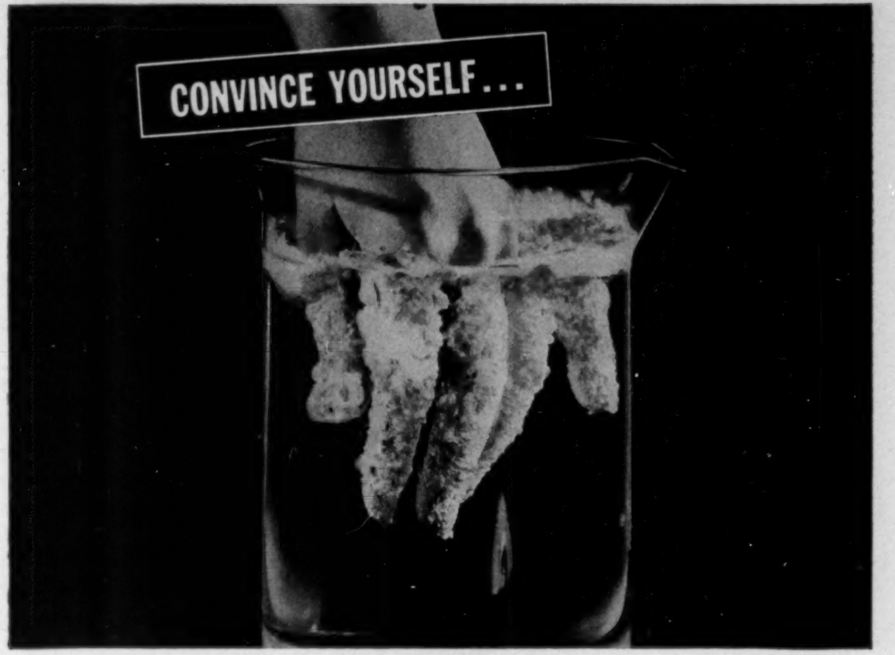
Married: Recently, Miss Marion Fraser (R.J.H., 1939) to Mr. Gerald McNaught.

Married: Recently, Miss Eleanor Roos (R.J.H., 1935) to Mr. William Huxtable.

Married: Recently, Miss Dava Jean Morrison (R.J.H., 1938) to Mr. John Shea.

NEW WESTMINSTER:

At a recent meeting of the New Westminster Graduate Nurses Association Mrs. M. Purvis was elected president, Miss M. Lemon, secretary, and Miss M. McDonald, treasurer. The Association recently held a bridge to augment the emergency fund which



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the Association maintains to provide nurses for very ill indigent patients at the regular fee. The members of the Association also entertained the graduating class of the Royal Columbian Hospital at a banquet and theatre party.

MANITOBA

ST. BONIFACE:

St. Boniface Hospital:

The St. Boniface Hospital Alumnae Association recently entertained at dinner in honour of the graduating class of 1940. The guest speaker was Mr. Stewart Scott who gave a humourous address entitled "Between the sheets".

Miss Doris Rougeau, formerly of St. Boniface Hospital staff, has accepted a position in St. Mary's Hospital, Rochester. Miss Jeanne Aubin (S.B.H., 1935) has accepted a position as supervisor of dressing room two, St. Boniface Hospital. Miss P. Schwab, formerly of St. Boniface Hospital staff, has accepted a position in the operating room in the Grey Nuns Hospital, Regina. Miss Mary Tullock and Miss Maude Lowe have recently been appointed to positions in St. Boniface Hospital.

The following officers have recently been elected to serve during the coming year by the Alumnae Association of St. Boniface Hospital: Honourary president, Rev. Sister Krause; honourary vice-president, Mrs. F. Crosby; president, Miss K. McCallum; first vice-president, Mrs. E. Dwyer; second vice-president, Miss Anne Danilevitch; corresponding secretary, Mrs. F. Eastwood; recording secretary, Miss M. Prestay; treasurer, Miss Joyce Rudy; committee conveners: social, Miss Mary Maloney; membership, Miss Isabelle Pennock; press, Mrs. Frank Evans; visiting, Miss Theresa Schmidt; representatives to: M.A.R.N., Miss J. Parenteau: directory committee of M.A.R.N., Miss Signe Johnson; Local Council of Women, Mrs. Shankman; *The Canadian Nurse*, Miss J. Toupin.

NEW BRUNSWICK

MONCTON:

The regular monthly meeting of the Moncton Chapter, N.B.A.R.N., was held recently at the Moncton Hospital, with the president, Miss Hillyard, in the chair. It was decided that the members would

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make clothing during the vacation months for refugee children. A pleasant hour was spent at bridge, through the courtesy of Miss Macmaster and her staff. The winners were Misses Sara Munroe, Pearl Matheson, and Marion MacLaren.

At the memorial service recently held for Miss Ina Duncan, a graduate of Moncton Hospital, who lost her life on the *Athenia*, an impressive sermon was delivered by the Rev. I. Higgins.

The members of the local chapter were recently guests of the graduating classes of the Moncton Hospital and Hotel Dieu Hospital at a delightful banquet.

Married: Recently, Miss Laura Steeves (M.H.T.S.) to Mr. Robert Morton.

ST. STEPHEN:

The observance of Hospital Day drew a number of visitors to the Chipman Memorial Hospital where one hundred and sixty-two guests signed the register. The departments were thrown open for inspection and probationers and members of the nursing staff acted as guides. The guests were received by the superintendent, Miss Reta Follis, assisted by officers of the Ladies Advisory Board of the hospital. Tea was later served with the help of Mrs. J. L. Haley, Mrs. A. E. Vesey, Mrs. S. D. Granville, Mrs. A. A. Laflin, Mrs. Laura Bogue and Mrs. George Cockburn.

A successful food sale was held recently in aid of the Chipman Memorial Hospital Alumnae Association.

At the regular meeting of the local chapter, N.B.A.R.N., it was suggested that the branch proceed with advertising the scholarship for two hundred and fifty dollars from the N.B.A.R.N. to be given to an accredited graduate of New Brunswick desiring to take an academic course.

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to office in the Branch: President, Miss Vera McKinnion; vice-president, Miss Kay Chisholm; secretary-treasurer, Sister Margaret Claire.

The Branch has been very active throughout the year. Owing to the scattered location of the nurses and the stormy winter, transportation was difficult, but meetings were held every two months with a fairly good attendance.

The Red Cross Home Nursing course has been completed. Several nurses volunteered to conduct the classes thus making it possible to give two two-hour classes a week. We were given the use of St. Martha's Hospital lecture and demonstration rooms. Thirty students enrolled and rarely was there an absentee. The nurses are grateful for the experience of teaching such a group, and look forward to repeating the venture in the early fall.

Besides these classes given by the nurses, lectures were given by Dr. T. B. Murphy, and Dr. D. L. McDonald, D. D. S. A card party was held to help raise funds, and the sum of forty dollars and fifteen cents was realized.

Miss Marie LeBlanc (S.M.H., 1933) is now a member of the staff of Camp Hill Hospital, Halifax. Misses Margaret Forbes and Christine McIntosh (S. M. H., 1939) recently completed a post-graduate course at the Saint John Tuberculosis Hospital, N. B., and have been successful in obtaining positions on the staff. Miss Louise Warren (S. M. H., 1939) is planning a post-graduate course in surgery at St. Michael's Hospital, Toronto.

Married: Recently, Miss Dorothy McDonald (S. M. H., 1934) to Mr. Redmond Power.

Married: Recently, Miss Kay Byers (S. M. H., 1939) to Lieut. Harry Ripley.

ONTARIO

DISTRICT 1

LONDON:

Under the direction of Miss Mildred Walker, the University of Western Ontario arranged an instructive refresher course on tuberculosis at the Queen Alexandra Sanatorium, through the co-operation of Dr. D. W. Crombie, superintendent, and Miss A. L. Bradley, superintendent of nurses. Nurses registered from the fields of public health, hospital administration, and nursing education.

It was pointed out that X-ray revealed

seventy-five cases of tuberculosis among the soldiers in this centre alone. These men had been declared fit for army service before being X-rayed.

The nurses were entertained at luncheon and tea through the graciousness of Misses Bradley, Agnes Campbell, and Elizabeth Kidd. Sincere appreciation is extended to Dr. Crombie and his staff for this excellent refresher course.

DISTRICTS 2 AND 3

KITCHENER:

The Public Health Section of Districts 2 and 3 recently held a most successful supper meeting. Forty-five members were present with Dr. Roy Brillinger as guest speaker; his subject was mental hygiene in industry and was instructive and entertaining. Arrangements were made to meet again on September 25 at the Cutten Golf Club in Guelph.

GUELPH:

Guelph General Hospital:

The graduating exercises of the School of Nursing of the Guelph General Hospital were held recently when sixteen nurses received their diplomas and the pins of the School. The chairman of the Board of Commissioners, Dr. W. J. R. Fowler, presided. The superintendent, Miss S. A. Campbell, presented an interesting report on the Training School and the activities of the Hospital, after which Mrs. Margaret Rhynas, president of Women's Hospital Aids of Ontario, gave an inspiring address. After the ceremony, a reception was held attended by a large number of friends and relatives of the Class.

The following awards were made: Miss Marjorie J. Cockburn was presented the gold medal for the highest standing; Miss Marion E. Day was presented the gold medal for general proficiency; Miss Anna K. Logan was presented the prize by the Alumnae Association for obstetrical nursing; Miss Edith V. Marriott was presented the prize by Dr. T. M. Savage for operating ro technique. Medals were awarded by Dr. L. H. Leggett to Miss Mary I. Switzer and Miss Margaret L. McEachern for surgical nursing. Miss Helen A. Sloane was presented the prize by Dr. A. B. McCarter for bedside nursing.

In the intermediate Class, the prize for practical nursing and ethics, presented by the Women's Hospital Aid, was awarded to Miss Keytha Smith. In the Junior Class, the prize for practical nursing and ethics,

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presented by the Women's Hospital Aid, was awarded to Miss Dorothy Monteith.

In an attractive setting of red and white, the School colours, the Alumnae Association entertained the graduating class at dinner. The guest speaker, Dr. G. E. Reaman, head of the Department of English, Ontario Agricultural College, delivered a delightful talk on "People you will meet". Miss Clara Ziegler expressed appreciation to Dr. Reaman. The President of the Alumnae Association, Miss L. Ferguson, gave the toast to the King and the toast to absent members was proposed by Mrs. Howard Bolton. The toast to the Training School was given by Miss Loreen Sinclair, and responded to by Miss S. A. Campbell, and the toast to the graduating class was given by Miss Margaret Doughty, and responded to by Miss Isabel Switzer. Delightful musical numbers were rendered by Mrs. Dillistone.

DISTRICT 5

BOWMANVILLE:

The Spring meeting of District 5, R.N.A.O., was held recently at the Training School for Boys, Bowmanville. Approximately sixty-five members attended. Mr. Virgin, principal of the school, had arranged a very interesting program which included a demonstration in the gymnasium; vocal numbers by the boys; a tour of the buildings and grounds, followed by a very delicious, bounteous buffet supper.

At the evening meeting, Canon Spencer pronounced the Invocation after which reports were received from conveners of the Sections, the Chapters, and the standing committees. The speaker of the evening, Dr. Kenneth H. Rogers, explained the function of the "Big Brother Association", using his topic "Four Fine Boys" as an illustration.

ORILLIA:

A meeting of Chapter 2, District 5, R.N.A.O., was held recently at the Ontario Hospital, with sixty members present. Mr. H. D. Goodfellow, psychologist at the Ontario Hospital, spoke on the emotional side of life as related to good or bad health. At the clinic held later by Dr. Walker, photographs and films of the work done with the various patients were shown. A social hour followed.

TORONTO:

Toronto Western Hospital:

The graduating exercises of the Toronto Western Hospital School of Nursing took place recently. Mrs. Alex Fasken presented the diplomas and pins, after which Dr. R. C. Wallace, principal and vice-chancellor of Queen's University, spoke to the nurses.

A reception followed at which Mrs. Fasken, Miss Ellis, Miss Rowan, and Miss Bolton received the guests.

The forty-two members of the 1940 graduating class presented a portrait of the director of their school, Miss Beatrice L. Ellis, to the hospital. The graduates formed a guard of honour as Miss Ellis came into the reception hall. The portrait, by Joseph Dreany, was unveiled and presented by Miss Katherine How on behalf of the graduates, and accepted by Mr. A. J. Swanson on behalf of the Board of Governors, after which Miss Ellis voiced her appreciation of this gesture of esteem shown her.

Miss Cleta Watson, Miss Graham, Miss Olive MacMurchy, and Miss Sally McCallum, who have completed successful appointments on the staff, were the recipients of tokens of appreciation of their achievements.

The Red Cross Auxiliary of the Toronto Western Hospital recently raffled a fifty dollar cheque, a ten dollar merchandise warrant and a table lamp, from which $639. was realized for the fund for work among the men overseas. The solarium, through the courtesy of the Board of Governors and Mr. Swanson, has been given over to the Hospital Red Cross Auxiliary for the purpose of making dressings for the Red Cross, and the nursing staff are supervising from 75 to 100 workers each day.

Wellesley Hospital:

The Wellesley Hospital Alumnae Association recently held a very successful meeting in aid of war work. Miss Grace Bolton presided and Mrs. W. G. Keane, president of the auxiliary, reported that 835 articles had been donated. Miss Dorothy Powers reported that 200 knitted articles had been given by active nurses to the Canadian sailors at Halifax. It was noted to send a box of knitted articles to the British Navy. The president gave a report of the R.N.A.O. convention and Miss Eunice Dinby gave an interesting demonstration on floral arrangement. Lucky number prizes were awarded following a successful drive for war funds. There was a sale of home cooking and candy in charge of Miss Mary Stanton and Mrs. Charles McMichael. Seventy-five nurses, including two nursing sisters, were present.

NEW TORONTO:

The following officers have recently been elected to serve during the coming year by the Alumnae Association of the Ontario Hospital, New Toronto: Honourary presidents, Miss Esther Rothery, Mrs.

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District 6

Belleville:

The regular meeting of Chapter A, District 6, R.N.A.O., was held recently, with Miss Bertram in the chair. After the routine business meeting, the report on economic security for nurses was discussed. Miss Finkle, the Belleville General Hospital Alumnae delegate, presented an interesting report of the R.N.A.O. convention held in Ottawa. A social hour followed.

Cobourg:

The regular meeting of Chapter B, District 6, R.N.A.O., was held recently at the General Hospital, with Miss Shaw presiding. Twenty-eight members were present. After a short business meeting, Miss Shaw introduced Dr. F. P. Lloyd, who showed interesting moving pictures on modern nursing in pediatrics and plastic surgery. A vote of thanks was extended by Miss Elliot, after which refreshments were served.

Married: Recently, Miss Claudia Mutton (C.G.H.) to Mr. John A. Noble.

Lindsay:

The regular meeting of Chapter C, District 6, R.N.A.O., was held recently in the Ross Memorial Hospital, with the president, Mrs. Rundle, in the chair. The resignation of Mrs. Revory as convener of transportation was accepted, and Mrs. R. McIntyre was appointed. The advisability of presenting a skit on the community registration bureau was discussed, and Miss Lynch gave an excellent report of her trip to the R.N.A.O. convention in Ottawa. A social hour was much enjoyed.

District 7

Kingston:

The new method of treating fractures of the hip by the Smith-Peterson nail treatment was explained by Dr. Duncan Boucher to those who attended the meeting of the Kingston Chapter, District 7, R.N.A.O., which was held recently at the Kingston General Hospital. Miss Evelyn Freeman, the president, was in the chair. Miss Evelyn Park gave a case history of a patient treated in this new manner. Musical numbers and refreshments were enjoyed after the meeting.

Kingston General Hospital:

The Alumnae Association of the Kingston General Hospital recently entertained the Class of 1940 at a delightful dinner in a colourful setting of spring flowers. Following the dinner, Miss Ann Baillie, superintendent of nurses, introduced Dr. G. W. Mylks, who addressed the graduating class. His topic dealt with early hospital days. An informal dance was held in the evening.

The Alumnae Association recently held a bridge with an excellent attendance. Following the bridge a drawing was made for the lucky ticket on a silver tea service.

Married: Recently, Miss Edria Rathbun (K.G.H., 1934) to Dr. Leigh Greenfield.

Hotel Dieu Hospital:

Sister Murphy, a graduate of the Hotel Dieu Hospital school of nursing, won the Lieutenant George R. Parke Phm. B. Memorial Scholarship for first prize in the pharmacy examinations at the Ontario College of Pharmacy.

DISTRICT 8

PEMBROKE:

A meeting of District 8, R.N.A.O., was held recently, with Miss Molly Black presiding. The members were welcomed by Rev. R. Fraser and Sister Mary Evangeline, chairman of the Pembroke Chapter. Dr. I. D. Cotnam spoke on the changing trends in nursing at the morning session, and at luncheon the Rev. H. J. Keith gave an address on the peace we aim at. The treatment of mental disorders was the subject of an address by Dr. D. J. McKerracher, director of the Mental Health Clinic, Brockville. Miss Patricia Parisien, psychiatric social worker at the Ontario Hospital, Brockville, spoke on the after-care of the mentally ill, and Miss Margaret LeBas, clinic psychologist of Brockville, spoke on the prevention of mental disorders. A social hour was much enjoyed.

Ottawa Civic Hospital:

Twenty nurses received their graduation pins and diplomas at the graduation exer-

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cises of the school of nursing held recently. Mr. J. J. Lyons presided. Mayor Stanley Lewis brought greetings from the citizens of Ottawa; Dr. C. A. Young conveyed the congratulations of the medical staff, and Dr. Francis Gisborne addressed the gathering. Tea was later served on the lawn, and music was supplied by the Governor-General's Foot Guards band. An enjoyable dance was held in the evening.

The annual dinner, given by the Alumnae Association in honour of the graduating class of 1940, was a very enjoyable event. About 175 members were present. The members of the graduating class were the guests of the Alumnae Association at the May meeting. Following a short business meeting, Mrs. Shepherd, who is home on furlough from Aklavik, gave a very interesting illustrated talk on the Arctic.

The members of the Class of 1930 recently celebrated their tenth anniversary. Amusing reminiscences were given by Miss B. Orlo MacInnes. The class also held a special dinner with 25 members present.

DISTRICT 9

GRAVENHURST:

Seventy nurses attended a recent meeting of the Muskoka Chapter, District 9, R.N.A.O., when Miss Mary Millman, of the School of Nursing of the University of Toronto, spoke on the progress made in nursing education in recent years. She offered useful information on the refresher and post-graduate courses given by the School of Nursing of the University of Toronto. Miss Ripol, who is in charge of a school of nursing in Caracas, Venezuela, gave an interesting talk on her work.

This was considered a very successful meeting due to the excellent speakers and the large attendance.

Miss Irene Lewis and Miss Frances Smith, of North Bay, and Miss Elsie Dunnet, of Gravenhurst, have recently been appointed as stewardesses on the Trans-Canada Air Lines.

NORTH BAY:

At the annual meeting of the North Bay Chapter, District 9, R.N.A.O., held recently at St. Joseph's General Hospital, Miss Gertrude Johnston was returned by acclamation as chairman. Miss E. Trombley was elected vice-chairman and Rev. Sister Melonie, secretary. The guest speaker was Dr. H. H. Washburn, whose talk on the public health aspect of tuberculosis and the problem of the rehabilitation of the cured patient was instructive, and appreciated by the many nurses present.

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Hansen — A Review of Nursing, **3rd Ed.** $3.50

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CHARLOTTETOWN:

Miss Katharine MacLennan was the guest speaker at a largely attended annual meeting of the Free Dispensary in Charlottetown. In addition to giving a clear picture of the manifold activities of the Provincial Sanatorium (in which she is nursing supervisor) Miss MacLennan presented a comprehensive and interesting summary of modern methods of combatting tuberculosis. The full text of this excellent address appeared in *The Charlottetown Patriot,* thus broadening its educational value.

QUEBEC

MONTREAL:

Montreal General Hospital:

At the annual dinner recently held in honour of the graduating class, 300 members were present. Miss Mary Mathewson, the president of the Alumnae Association, presided, the guest speaker being Miss A. Colquhoun of the Class of 1892. Life memberships in the Alumnae Association and Mutual Benefit Association were presented by Miss Frances Upton to Miss Nora Tedford, through whose efforts the latter was formed, and to Miss Henrietta Dunlop, who was secretary-treasurer for the first fifteen years.

At the graduating exercises 58 nurses received their medals and diplomas. The special prizes for general proficiency were won by Miss F. Janet McDonald in the first division, and Miss Eileen Sherlock in the second division. The Mildred Hope Forbes prizes for the highest aggregate marks in the three years were awarded to Miss Florence M. Miller in the first division, and to Miss Margaret Browne in the second division. Dr. Lorne Montgomery gave the address to the graduating class, and Miss Mabel K. Holt, principal of the school of nursing, spoke briefly.

Miss Ann Thorpe, who has been in charge of Ward E, Men's Medical Ward, for over twelve years has been appointed nursing sister in the R.C.A.M.C., and is in charge of the military hospital at St. Johns, Quebec. On her departure, she was presented with a gold watch and purse from the staffs of the Hospital.

Miss Carrie Hollett (M. G. H., 1936) and Miss Jean Robertson (M. G. H., 1939) have resigned their positions and have left to be married. They were the recipients of

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gifts from Miss Holt and her staff. Miss Clunie (M. G. H., 1939) has joined the staff of the Arvida Hospital, Arvida.

Married: Recently, Miss Margaret McPhee (M. G. H., 1938) to Flight Lieut. Flemming.

Married: Recently, Miss Margaret Parmenter (M. G. H., 1935) to Mr. Hamilton V. DeBury.

Royal Victoria Hospital:

At the annual dinner held recently by the Alumnae Association in honour of the graduating class, the president, Miss Eileen Flanagan, and the members of the board of directors, received the guests. The tables were colourfully decorated with spring flowers. After the toast to the King, the roll was called by Mrs. R. A. Taylor. The toast to 'Our Guests' was proposed by Mrs. F. A. C. Scrimger, and responded to by Miss Helen Craig of the Class of 1940. The guest speaker was Mr. A. W. O'Brien, whose subject was "Covering the Canadian War Story". The prize awards were announced by Miss F. Munroe, followed by the presentation of honourary life memberships to Mrs. M. A. Stanley and Miss Mabel F. Hersey for outstanding service to the Alumnae Association.

At the graduating exercises held recently in the nurses home, fifty-five nurses received their pins and diplomas. Dr. W. W. Chipman presided, and Miss F. Munroe presented the report of the school of nursing. The address to the graduating class was given by Dr. F. Cyril James, principal of McGill University. The diplomas were presented by Mr. W. R. Chenoweth, and the prizes by Lady Meredith. Miss Eleanor Martin, of Saskatoon, and Miss Edith Pratt, of Metapedia, Quebec, were the prize winners for the highest marks attained. Miss Helen Craig, of Osgoode, Ontario, and Miss Wilhelmina Bell, of Guelph, Ontario, were awarded prizes for general proficiency.

Miss Margaret Carruthers (R.V.H.,1935), and Miss Mary Young (R.V.H., 1938) are with the Victorian Order of Nurses in London, Ontario.

School for Graduate Nurses, McGill University:

The annual meeting of the Alumnae Association of the School for Graduate Nurses, McGill University, in conjunction with a dinner in honour of this year's class at the School, was held recently. Miss B. Herman presided over a very enjoyable function at which about ninety members were present. An event of interest was that Miss F. Munroe, superintendent of nurses, Royal Victoria Hospital, was made an honourary member of the Association.

The following officers have been elected to serve during the coming year: President, Miss Inez Welling; vice-president, Miss Agnes Tennant; secretary-treasurer, Miss Elsie Allder; programme convener, Miss Chrissie Campbell; convener of the Flora Madeline Shaw Memorial Fund, Mrs. L. H. Fisher; representatives to *The Canadian Nurse*: Miss F. Lamont (convener), Miss Catherine Anderson, Miss LaVerne Reich, Miss Ethel Grindley; representatives to the Local Council of Women, Miss Margaret Fox, Mrs. J. T. Allen.

QUEBEC:

Jeffery Hale's Hospital:

Miss Norena Mackenzie and Miss Burgess attended the annual meeting of the A.R.N. P.Q. held recently in Montreal.

Miss Beattie, of Alberta, and Miss Crossman, of New Brunswick, who recently completed the course in administration at the School for Graduate Nurses, McGill University, were in residence at Jeffery Hale's Hospital during the last two weeks of May, for observation purposes.

Miss Ascah resigned recently from the staff and a novelty shower was given in her honour; she has been replaced by Miss Maurine Green (J.H.H., 1939). Miss Isabel Hazel Black has resigned from the staff to take a course in X-ray technique at the Royal Victoria Hospital, Montreal. At a delightful bridge party, Miss Black was presented with a week-end case. Her position has been filled by Miss M. Belyea (J.H.H., 1938).

SASKATCHEWAN

SASKATOON:

The Saskatoon Registered Nurses Association recently held its last meeting before the summer months at St. Paul's Hospital, with Miss Jean Whiteford presiding. The graduating class of St. Paul's Hospital were guests of the Association. An interesting report of the convention of the Saskatchewan Registered Nurses Association was presented by Miss Marguerite Urton. Miss Helen Fast gave a comprehensive outline of the Youth Congress which she recently attended, and the treasurer, Miss Margaret Grant, presented a gratifying re-

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in training today
Must make quick decisions and
know what to say
How reasonable then, that,
in her ingenuity
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WANTED

A qualified Obstetrical Supervisor. Please state experience and salary expected. Duties to commence July 15, 1940. Applications should be addressed to:

THE SUPERINTENDENT
Nicholls Hospital,
Peterborough, Ontario.

WANTED

A qualified Instructress of Nurses. Please state salary expected. Duties to commence September 1, 1940. Applications should be addressed to:

SISTER SUPERINTENDENT
St. Joseph's Hospital,
Saint John, New Brunswick.

WANTED

Applications are invited for the position of Instructress of Nurses at the Sherbrooke Hospital. Apply, stating qualifications, age, and salary expected, to:

SUPERINTENDENT OF NURSES
Sherbrooke Hospital,
Sherbrooke, Quebec.

port on the proceeds of the tea held recently, under the convenership of Misses Ethel Wyatt and Elizabeth Waddington. Donations, which were received, enabled the Association to purchase three pairs of blankets for the Red Cross. A committee was appointed to promote the sale of stamps for War Savings Certificates.

Saskatoon City Hospital:

Mrs. Porteous (S. C. H., 1936) has completed a post-graduate course in teaching and supervision at McGill University. Miss Jean MacKay (S. C. H., 1937) has completed a post-graduate course in public health nursing at the School of Nursing of the University of Toronto. Miss M. Raymond (S. C. H., 1938) has accepted a position at the Columbia Hospital, Rochester, U.S.A. Miss J. Brown (S. C. H., 1938) is taking a post-graduate course in operating room technique at the Graduate Hospital, University of Pennsylvania, Philadelphia. Miss L. Armstrong (S. C. H., 1936) is taking a post-graduate course in operating room technique at the Vancouver General Hospital.

Miss M. Chisholm and Miss E. Polowy were delegates from the Saskatoon City Hospital Alumnae Association to the convention of the Saskatchewan Registered Nurses Association which was held recently.

LIFE-SAVING DRUGS FOR WOUNDED

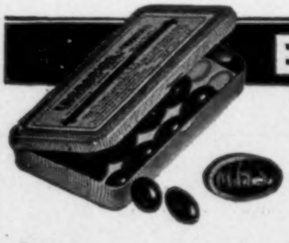
Wound infection, probably the largest single cause of death among wounded men reaching hospital in the last war, can be combated more successfully than ever before. Most wounded men who escape the worst effects of lethal weapons, and receive early attention, can be expected to survive their injuries. These statements are made by the Medical Research Council in its report for last year.

The main reason for the belief that the back of the enormous problem of bacterial infection of wounds had been broken before the war began is the confident expectation that the sulfanilamide group of compounds will prove as successful in septic wounds as it has in puerperal sepsis and septicemia.

In gas-gangrene, the second greatest cause of wound infection, the compounds have yet to prove their value, but there is evidence to suggest that here, too, sulfanilamide will be life-saving.

It is also possible that the compounds may be found to have preventive effects if administered immediately after injury. Arrangements have been made with the Army Medical Service to investigate this preventive aspect.

"The destructive power of arms," says the report, "will indeed have increased immensely since 1918 if it over-shadows the advances of knowledge for the saving of life which modern discovery has placed at the disposal of medical men. If a strict comparison were made between what science has done to increase war mortality and what medical science has done to lessen these lethal effects, there is good reason to believe that the latter would be an easy winner."



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Manitoba: (1) Miss Evelyn Mallory, Children's Hospital, Winnipeg; (2) Miss E. McDowell, Winnipeg General Hospital; (3) Miss F. King, Ste. 9, Greysolon Apts., Winnipeg; (4) Miss C. Bourgeault, 561 Des Meurons St., St. Boniface.

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Nova Scotia: (1) Mrs. Hope Mack, Nova Scotia Sanatorium, Kentville; (2) Sister Camillus of Lellis, Halifax Infirmary, Halifax; (3) Miss Hazel Macdonald, 21 Queen St., Sydney; (4) Miss Marie Leblanc, St. Martha's Hospital, Antigonish.

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Quebec: (1) Miss E. Flanagan, Royal Victoria Hospital, Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) To be appointed; (4) To be appointed.

Saskatchewan: (1) Miss Ann Morton, Weyburn; (2) Miss M. Ingham, Moose Jaw General Hospital, Moose Jaw; (3) Miss M. E. Pierce. Wolseley; (4) Miss Mary R. Chisholm, 805-7th Ave., Saskatoon.

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BRITISH COLUMBIA

A.A., St. Paul's Hospital, Vancouver

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